

RECOMMENDATION FOR APPOINTMENT OF EXCHANGE VISITOR (J -1)

I understand it is my responsibility to inform the Office of Immigration and Human Resource Services if there is a change in this program; i.e. EV is delayed in arriving, completing their program, departed for home, change of address, applied for 2 year home residency waiver, etc.

Initiator initials \_\_\_\_\_

Contact person initials \_\_\_\_\_

Initiator: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

IHRS "Info Sheet" sent to new appointee  YES

This is a Short Term appointment  YES  
(6 months maximum stay, no extension)

Will dependents accompany appointee?  YES  NO

Name of appointee:  
\_\_\_\_\_

Present mailing address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Western Reserve University Title and Expense Classification: \_\_\_\_\_

Is appointee a foreign medical graduate  YES  NO

Detailed description of intended professional activity (required on visa document DS2019):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

English Proficiency was assessed by: _____	_____ % Time devoted to teaching
TOEFL Score: _____	_____ % Time devoted to research
SKYPE/Video Conference interview conducted by: _____	_____ % Time devoted to inpatient patient care (Requires Certification Statement)
	_____ % Other (training activity cannot be authorized)

List all sites where appointee's activity will occur:

_____	Funding source(s);
Appointment dates (not to exceed one year): _____	Case Western Reserve \$ _____
_____	Visitor's home institution \$ _____
Other pertinent information _____	Foreign visitor's government \$ _____
_____	Personafunds \$ _____
_____	Other sources \$ _____
	DOS Grant # _____ \$ _____
	Other U.S. or foreign agency grants
	Agency name _____
	Grant # _____ \$ _____

\_\_\_\_\_, Chair \_\_\_\_\_, Dept. of \_\_\_\_\_

Approved: \_\_\_\_\_, Director \_\_\_\_\_ Budget Office

Approved: \_\_\_\_\_, Dean, School of \_\_\_\_\_