

Worcester Polytechnic Institute

International Student Advisor

Visa Documentation for International Non-degree Graduate Students

This form must be completed by the hosting WPI faculty for all international non-degree graduate students who wish to work or continue working at WPI.

Personal Data

1. Name: _____

(last)
(first)
(middle)
2. Male: _____ Female: _____
3. Date of Birth: Month _____ Day _____ Year _____
3. Country of Birth: _____ City of Birth: _____
Country of Citizenship: _____ Country of Legal Residence: _____
5. Occupation: _____
6. Degree you are seeking from your home university: Master's _____ Ph.D. _____
Other _____
7. Description of student's planned area of research/work at WPI:

8. If already in the US, please list current visa status: _____

Financial Data

		Total amount for the duration of the appointment.
Visitor's Home University	\$	_____
Visitor's Government	\$	_____
Other Organizations (<i>specify</i> _____)	\$	_____
Personal Funds of Visitor	\$	_____
Private Support (<i>specify</i> _____)	\$	_____

The minimum amount of monthly financial support for a single person is \$1,100. An additional \$500 per month is needed per family member. It is important that we have complete documentation regarding the source and exact amount of the student's financial support prior to issuing an DS-2019 Form.

Family

If visitor's immediate family (i.e., spouse and/or children) will accompany him/her, complete this section.

Name	Date and Place of Birth	Relationship	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Appointment

Duration: Beginning date _____ Ending date _____

Financial Commitment on the Part of WPI

Purpose	Amount	Account Number
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Health Insurance

Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and/or children. Please indicate how the visitor will secure health insurance.

_____ WPI (Department or Grant) Account # _____

_____ Insurance from visitor's country of residence. Please provide documentation and/or name and policy number of insurance.

_____ Other. Please contact Tom H. Thomsen for information on available plans for international visitors.

Mailing Address for Visitor

Host Department

The international non-degree graduate student, whom we intend to invite to our department, will be engaged in research and other activities in accordance with the purpose of the Exchange Visitor's Program, and I have determined that the required financial support is available for the duration of the program, and the non-degree student will register for a minimum of one credit per semester

Department

Sponsor

Date

Department Head

Name

Signature

Date

Please return the completed form (pages 1-3) to the

***Office of International Students and Scholars
International House***