

Worcester Polytechnic Institute

International Student Advisor

Visa Documentation for International Visiting Scholars

This form must be completed by the hosting WPI faculty for all international visiting scholars 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: Master's _____ Ph.D. _____ Other _____
7. Description of visitor's planned area of research/work at WPI:

8. If already in the U.S., 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 visiting scholar's financial support prior to issuing a 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 visiting scholar 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 we have determined that the required financial support is available for the duration of the program.

Department

Sponsor

Date

Department Head

Name

Signature

Date

Academic Affairs

Signature

Date
