



Department Request to Sponsor J-1 Visa Status

Scholar's First Name	
Scholar's Last Name	
Scholar's Date of Birth [Month XX, year]	
Scholar's Gender	
Scholar's email address	
If currently in the U.S., Scholar's current visa status	
Scholar's foreign address (<i>this information will be used to ship documents to the scholar abroad</i>)	
Name of sponsoring College	
Name of sponsoring Department/Unit	
Address of sponsoring Department/Unit	
Phone number of sponsoring Department/Unit	
Supervisor/Sponsor's Name	
Supervisor/Sponsor's Title	
Supervisor/Sponsor's phone number	
Supervisor/Sponsor's email address	
Requested start date	
Requested end date	
Position Offered (<i>e.g. visiting fellow, visiting scholar, post doctoral scholar etc.</i>)	
Position FTE, if applicable	
OSU compensation offered	
Amount of OSU compensation offered, if applicable	
If none, will scholar be providing their own funding?	Yes No
Brief description of field of activity at OSU (e.g. research in neuroscience, research in electrical engineering)	
CIP Code for subject/field of activity at OSU (review https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56 to determine the appropriate code)	
J-1 Category <ul style="list-style-type: none"> • Research Scholar (up to 5 years) • Professor [research & teach] (up to 5 years) • Short Term Scholar (up to 6 months) 	
Address of Primary Work Location	
Address(es) of additional work locations (<i>please list all additional locations where the scholar will work</i>)	
Is this scholar a MD (or equivalent)?	Yes No N/A
If yes, will this scholar have clinical access?	Yes No N/A
If yes, will there be any patient contact?	Yes No N/A



Will this visit be part of a formal training program (e.g. medical residency)?	Yes	No	N/A
Cost Center and Worktag information to be used to send documents abroad	Cost Center		
	Fund		
	Balancing Unit		
	Program/Project		
	Add'l Worktags, if any		
<i>Provide a PDF copy of an approved Requisition Request for \$425 for the fees associated with J-1 visa processing.</i>			
I agree to sponsor J-1 status for this individual. The information provided above is true and accurate and can be used for processing by OIA.			
Department Sponsor Name and Signature			
Department Fiscal Officer Name & Signature			
Department HR Professional Name & Signature			