

RECOMMENDATION FOR APPOINTMENT OF EXCHANGE VISITOR (J-1)

I understand it is my responsibility to inform Foreign Faculty and Scholars when 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: \_\_\_\_\_

FFS "Info Sheet" sent to new appointee?  YES

This is a Short-Term appointment:  YES  
(6 months or less)

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ % Time devoted to teaching
- \_\_\_\_\_ % Time devoted to research
- \_\_\_\_\_ % Time devoted to incidental patient care  
(Requires Certification Statement)
- \_\_\_\_\_ % Other (training activity cannot be authorized)

List all sites where appointee's activity will occur:

Appointment dates (not to exceed one year): \_\_\_\_\_

Other pertinent information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Funding source(s);

Case Western Reserve	\$ _____
Visitor's home institution	\$ _____
Foreign visitor's government	\$ _____
Personal funds	\$ _____
Other sources	\$ _____
DOS Grant # _____	\$ _____
Other U.S. or foreign agency grants	
Agency name _____	
Grant # _____	\$ _____

Approved: \_\_\_\_\_, Chair, Dept. of \_\_\_\_\_

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

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