RECOMMENDATION FOR APPOINTMENT OF EXCHANGE VISITOR (J-1)

I understand it is my responsibility to inform the Office of Immigration and Human Resource Services 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	Date
Initiator:		FEDEX Billing Reference Code
Contact Person:		Phone: Email:
J1 Visitor Info Sheet Sent to nev		ss Short-Term Scholar appointment? Y or N intment CAN NOT be extended*
Will Dependents Accompany Ne	ew Appointee? Y or N	
Name of Appointee:		
Mailing Address:		Name and Address of Current Institution:
Case Western Reserve University	y Title and Expense Classification	
CWRU \$	Grant# Grant# ants \$ aded please provide the Name and Addre	ess of the Funding Entity:
Appointment Dates		
% Time devoted to teaching % Time devoted to research	% Time devoted to incidental patient% Other (training activity cannot be	t care (Requires Certification Statement)

J1 Recommendation Form Page 2: The following questions are to be answered by the hosting faculty member

Does the hosting faculty member hav If Yes, Contact the CWRU Complian	ve any CWRU Export Control Technolog ace Office so that an export control analysis	y Control plans in place? YesNo_sis can be performed.
Does the hosting faculty member hav No If Yes, contact the CWRU CO	ven an individual outside financial interes DI Office for assistance.	at in the funding organization? Yes
Does the hosting faculty member hav Yes No If yes, contact the Of	re a faculty appointment with the organization of the Provost for assistance	ation that is funding the visitor?
laboratory have restrictions on the pa No I have checked all the CWRU I Yes Per the CWRU NOGAs and S. If you are not sure if a restriction is p whether or not this restriction exists The hosting faculty member is aware Guidance, which details when and ho https://case.edu/research/about/hot-to The hosting faculty member is aware	NOGAs and SPARTA and confirm there	is no restriction on non-US persons ialist for assistance in determining the faculty Disclosure and Reporting ional visitor, idance YesNo EHS and other trainings, e.g., lab
Approved:	, Sponsoring Faculty Member	
Approved:	, Chair, Dept. of	
Approved:	, Director	Budget Office
Approved:	Dean School of	