



## Project Plan for Visiting Scholars or Students

This form is used to assist ISO in determining appropriate processing and resources for visiting international scholars and students. Please notify us as soon as you are aware of such plans, to allow adequate time for coordination and visa processing before the expected arrival. Please note: No immigration documents can be issued based on this form alone.

### Scholar/Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### University of Rochester Affiliation:

Department/Division: \_\_\_\_\_

Responsible Advisor/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Purpose of Visit:** (check all that apply)     Study     Research     Work     Volunteer     Observation

Anticipated Program Dates:    Arrival/Start: \_\_\_\_\_    Departure/Completion: \_\_\_\_\_

### Description of project objectives & activities:

### Project Details & Background:

- UR sponsorship of J-1 or F-1 visa requested:     Yes     No: *IIE/Fulbright*     No: *Other* \_\_\_\_\_
- Planned visit(s) to another U.S. institution:     No     Yes: *Intended Visa* \_\_\_\_\_    ◇ Before UR    ◇ After UR
- Participant will have contact with patients:     No     Yes (Licensure requirements must be met & verified)
- Degree(s) earned to date?     Bachelors     Masters     Doctorate     Medical     Professional/Certificate
- Participant is currently enrolled elsewhere:     No     Yes: *Degree/Program* \_\_\_\_\_
- University payments will be made:     N/A     Yes:    ◇ Stipend    ◇ Compensation    ◇ Honoraria
- Non-University funding sources include:     N/A     External sponsorship     Personal/Family funds

Department Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_