

Scholar's name: _____
last/family first/given middle

Title of proposed position: _____

Primary place of employment (e.g., University of Missouri): _____

Primary work site address: _____

Proposed start date: _____ Proposed end date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

List the total period of time, up to a maximum of five years, for which the activities have been **mutually agreed to and for which funding has been projected**. If you have any questions about this, contact International Student and Scholar Services at 573-882-6007.

When proposed stay is less than six months: Department/scholar might request extension
 Department/scholar will not request extension

Brief, concise, non-technical description of activities of J-1 scholar at MU (e.g., research in the field of veterinary medicine, pathobiology, research in mathematics, etc.):

SOURCE AND AMOUNT OF FINANCIAL SUPPORT

Please note that this must be documented in the form of an offer letter or, if the support is coming from the home institution or agency, documentation **must be attached to the application before International Student and Scholar Services can prepare the J-1 scholar's documents**.

- University of Missouri \$ _____ Source: _____
- J-1 scholar's government \$ _____ Source: _____
- Other organizations (please list) \$ _____ Source: _____
- Personal funds \$ _____ Source: _____

(Please attach proof of personal funds – e.g., bank statements.)

MU DEPARTMENT CONTACT RESPONSIBLE FOR HOSTING J-1 SCHOLAR

Name: _____

Title: _____ Campus address: _____

Email: _____ Phone: _____

Alternate dept. contact/phone number: _____
(someone who may be of assistance in your absence)

By signing below, I acknowledge that I understand that the J-1 scholar and any dependents must maintain health insurance that meets U.S. [federal regulation requirements](#).

Signature: _____ Date: _____

Requests submitted to International Student and Scholar Services for scholar immigration support services incur an administrative processing fee. Submit this form with each J-1, H-1B or TN scholar request, including cases involving initial, extension or transfer processing. Please provide MO-codes for billing purposes.

FEE SCHEDULE

- | | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> J-1 scholar on campus (3–5-day processing): \$200 | <input type="checkbox"/> H-1B scholar (8-week processing): \$1,000 |
| <input type="checkbox"/> J-1 scholar on campus (1–2-day processing): \$400 | <input type="checkbox"/> H-1B scholar (3–4-week processing): \$1,600* |
| <input type="checkbox"/> J-1 scholar off campus (3–5-day processing): \$500 | <input type="checkbox"/> TN petition: \$800 |
| <input type="checkbox"/> J-1 student intern: \$600 | |
| <input type="checkbox"/> J-1 student intern additional site of activity: \$300 | *Subject to availability |

SCHOLAR INFORMATION

Last/family name: _____ First/given name: _____
Request type: J-1 H-1B TN Amount: \$ _____

PAYMENT INFORMATION

MO-code: _____ PS account: _____

DEPARTMENT INFORMATION

Department: _____

Administrative contact name: _____

Email: _____ Phone: _____

Authorized fiscal signature: _____ Date: _____

Authorized fiscal signer's name: _____

Authorized fiscal signer's title: _____

Note: Please provide an **original signature** from an **authorized fiscal signer** for the specified MO-code.