



B-1 (BUSINESS) VISA REQUEST FORM FOR VISITING SCHOLARS

DIRECTIONS: To be completed by the CSMC sponsoring department for inviting B-1 international visitors engaging in professional business activities at CSMC. An invitation letter will be issued by AHR within 15 business days and returned to the department for mailing to the visitor. Contact AHR-Immigration Services for additional assistance.

CANDIDATE INFORMATION

Last Name: _____ First Name: _____ Today's Date: _____
 Date of Birth (mm/dd/yy): _____ Foreign Permanent Address: _____
 E-Mail: _____
 Highest Degree Received: Bachelor Masters PhD MD Other: _____
 How will the visitor finance the cost of the visit? Personal Funds Home Employer Scholarship Other: _____
 Does the visitor currently have a valid B-1 visa stamp in their passport? Yes No
 Jurisdictional US Consulate or US Embassy in home country: _____

CSMC PROGRAM INFORMATION

Sponsorship Date (mm/dd/yyyy): FROM: _____ TO: _____
 Department Name: _____ Supervisor Name: _____
 Department Administrator: _____ Dept. Admin. E-mail: _____
 Purpose of Visit [provide brief summary]:

CSMS APPROVAL

SERVICE LINE MANAGER
 Name: _____ Signature: _____ Date: _____
 SERVICE LINE DIRECTOR
 Name: _____ Signature: _____ Date: _____
 DEPARTMENT CHAIR
 Name: _____ Signature: _____ Date: _____
 SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS
 DEAN OF THE MEDICAL FACULTY
 Name: SHLOMO MELMED, MD Signature: _____ Date: _____

ADDITIONAL REQUIRED SUPPORTING DOCUMENTS:

- Candidate CV
- Passport Biographical Page
- B-1 Visa Page (if applicable)