



**CSMC O-1 VISA SUPPORT MEMORANDUM**

**DATE:** \_\_\_\_\_

**TO:** ACADEMIC HUMAN RESOURCES/IMMIGRATION SERVICES  
**SUBJECT:** CSMC DEPARTMENTAL SUPPORT OF O-1 PETITION

THE DEPARTMENT WOULD LIKE TO SPONSOR AN O-1 NONIMMIGRANT VISA FOR THE FOLLOWING BENEFICIARY:

**REQUEST TYPE:**  INITIAL  EXTENSION

CANDIDATE'S NAME:	JOB TITLE:
DEPARTMENT NAME:	DIVISION NAME:
SPONSORSHIP PERIOD: FROM:	To:
ANNUAL SALARY: \$	

**SALARY SOURCE(S):**

<input type="checkbox"/> OPERATIONAL ACCOUNT NUMBER:	<input type="checkbox"/> RESEARCH ACCOUNT NUMBER:
<input type="checkbox"/> ALTERNATE RESEARCH ACCOUNT NUMBER:	ALLOWABLE RESEARCH CHARGE: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> RESTRICTED ACCOUNT NUMBER:	<input type="checkbox"/> BDF ACCOUNT NUMBER:

The department agrees to be responsible for all fees for legal services rendered and USCIS application fees in connection with the candidate's O-1 nonimmigrant visa process.

**REVIEWED AND APPROVED BY:**

NAME	SIGNATURE	DATE
Sponsor/Supervisor:		
Department Director:		
Department Vice President:		
Department Contact Name:	Department Contact Email & Phone Number:	