

## **Request to Host Short-Term International Visitor**

After obtaining signatures from the Department Chair and Dean, send the completed form (following page) to International Student and Scholar Services (ISSS) in MacMillan 214 (international@miamioh.edu; 529-8600). If the request is approved, ISSS will notify the hosting faculty member via email and an invitation letter will be issued by the Office of the Provost or Dean.

Short-Term visitors do **not** need to check in with ISSS upon arrival.

### **NOTE:**

If “Export Control Issues” is marked “yes” (see bottom of form) the Department Chair and faculty supervisor will be contacted by an OARS representative.

### **DENIALS:**

If the request is **denied by the Department Chair**, s/he shall circle DENIED, sign the form, forward a copy to ISSS and return a copy to the faculty supervisor for his/her records.

If the request is **denied by the Dean**, s/he shall circle DENIED, sign the form, forward a copy to ISSS and return a copy to the Department Chair for his/her records. The department chair shall also provide the faculty supervisor with a copy of the form.

If the request is **denied by the Provost**, s/he shall circle DENIED, sign the form, forward a copy to ISSS and return a copy to the Dean for his/her records. The Dean shall also provide the Department Chair and faculty supervisor with a copy of the form.

**If denied, the international scholar is not permitted on campus.**

**Short-Term International Visitor Request Form**

Name of International Visitor \_\_\_\_\_  
(Family name) (First name) (Middle name)

Country of Citizenship \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_\_  
(Month-Day-Year)

Employer/University in home country \_\_\_\_\_

Dates of Visit at Miami: Begin \_\_\_\_\_ End \_\_\_\_\_

Might the visit be extended beyond original end date? \_\_\_ Yes \_\_\_ No Expected maximum duration of visit: \_\_\_\_\_

Expected visa type: \_\_\_ B-1/WB (Visitor-Business) \_\_\_ B-2/WT (Visitor-Pleasure) \_\_\_ P-1/P-3 (Athlete/Performer)  
\_\_\_ Other: \_\_\_\_\_

Will any Miami faculty or students go to this person's country or institution as part of a reciprocal exchange or partnership? \_\_\_ Yes \_\_\_ No

Location of host \_\_\_\_\_ Oxford, OH 45056  
(Department) (Room/Building)

Access needed to non-public spaces on campus: \_\_\_\_\_

Subject area and brief description of the purpose of the visit (lecture, research, perform etc.): \_\_\_\_\_  
\_\_\_\_\_

Anticipated accommodations (hotel, off-campus apartment, etc.): \_\_\_\_\_

Source and amount of the International Scholar's financial support in US dollars (minimum \$1200/month recommended):

From Miami University..... Amount \$ \_\_\_\_\_  
Funding from one or more U.S. Government Agencies..... Amount \$ \_\_\_\_\_  
Name Agency(ies): \_\_\_\_\_  
From other sources (specify)..... Amount \$ \_\_\_\_\_  
From personal funds..... Amount \$ \_\_\_\_\_

Faculty Supervisor – Name, Phone # & email: \_\_\_\_\_

**1. Department Chair: APPROVED DENIED** (circle one) **2. Dean: APPROVED DENIED** (circle one)  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Date

**3. For ISSS Use:** Export Control Issues? **Yes No** (circle one) **4. Provost: APPROVED DENIED** (circle one)  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Date