

TEXAS WOMAN'S UNIVERSITY
INITIAL EXCHANGE VISITOR REQUEST

Date: _____

Name of faculty/staff submitting request: _____

Faculty/staff to whom Exchange Visitor will report (if different from above) _____

Department: _____

Faculty/staff Email: _____

Office Phone: _____ Cell Phone: _____

<p>Exchange Visitor will be a (select one): <input type="checkbox"/> Research Scholar <input type="checkbox"/> Professor <input type="checkbox"/> Short-Term Scholar (< 6 months)</p> <p>*A Research Scholar or Professor is eligible for a total of 5 years as a J-1. When the J-1 Research Scholar or Professor ends the J program, she/he may not return as a J-1 Research Scholar or Professor for 24 months.</p> <p>*A Short-Term Scholar can be here for a maximum of 6 months. This category is good for people who will be coming for multiple short visits.</p>					
Full Name:					Gender:
	Last	First	Middle		

Email address: _____

Home Country: _____

Funding Source (Fulbright, Employer, Other): _____

Exchange Visitor must show proof of funding (approximate amounts in US Dollars): Processing fee \$355; Visa fee \$250; Housing/Living expenses \$12,000 per semester; Health insurance \$1,100 per semester; add \$4,000 for expenses for each dependent.

Accompanied by family members (Yes/No)? _____

If yes, please indicate the following for each family member?

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

TWU will provide information to help you find housing accommodations.

Describe any special housing requirements you might have?

Period of Exchange Program:		to		
	MM/DD/YYYY		MM/DD/YYYY	
Field of Research/Teaching:				
Description of Research/Teaching you intend to do at TWU:				

Faculty Sponsor: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

Please submit completed form to International Affairs, Jones Hall Suite 200 or intlofficetwu.edu.