

International Visitor Checklist Department of Plant and Soil Sciences

Surname (Last Name)	Given Name (First	Name)
City of Birth	Country of Citizens	hip
Mailing Address in Home Country (please incl	lude zip code, if applicable)	Date of Birth
Current Position in Home Country Gender Male	Highest Academic Degree	Phone Number
I I Female	Proposed End Date	Visitor Category
Will any dependents be traveling with you? If yes, who will be traveling with you? S	Yes No Spouse Children (# of	f children)
HR Title	Email Address	
Funding Source (if not funded by UK)	– Funding Amount	Frequency
Please submit the following with Updated CV Copy of Passport Funding Letter or Bank Statement (if	Suppo	Student Interns Only: ort Letter from Dean/Academic Advisor: - Student's Name - Degree level (Undergraduate/Graduate) - Date of Expected Graduation - Academic Major - Approval to be employed by UK
Return this form to yo	our sponsoring faculty mem	ber.
To Be Completed	by the Inviting Faculty:	
Inviting Faculty Name	Account Number fo	or Visa Charges (no grants)
Account Number (if being paid by UK)	 Acct No. – FedEx Cl	narges & UK ID Card (optional)
Fee BreakdownUK HealthInitial DS-2019: \$298from paycheWildCard ID: \$20evacuation a	s portion' and scholar is respon eck). If this option is selected, i	is paid by UK) – Faculty responsible nsible for remainder (auto-deducted scholar must purchase emergency arately. Information can be found <u>health-insurance</u>