



BSC Visa Request Form

Please attach with HR Action Request

Name:		Department:	
J-1 Visa:			
New	Extension	Change of Funding	Change of Department
Start Date & End dates of stay: <i>5 year maximum</i>		Start:	End:
Total OSU Funding for length of stay:			
Any other additional funding for length of stay:			
Source of Additional Funding:			
Code for Subject/Field: http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55		Code Number:	
Brief description of field activity at OSU:			
Visitor Category:	Research (up to 5 yrs.)	Professor (up to 5 yrs.)	Short-Term (up to 6 months)
Possibility of extension of stay?	YES	NO	
Proposed official OSU Job Title:			
English Proficiency: <i>The regulations state that Ohio State must assess the English ability of the scholar to be sufficient to permit undertaking this program.</i>		Sufficient	Not Sufficient
Visa Fee Processing Chartfield:			
ORG:	FUND:	ACCOUNT:	PROJECT: PROGRAM: USER DEFINE:
UPS Shipping Fee Chartfield:			
ORG:	FUND:	ACCOUNT: 61802	PROJECT: PROGRAM: USER DEFINE:
Faculty Sponsor <i>I agree to host this scholar and be available for supervision during the entire J-1 program.</i>		Name: Email: Phone:	
H-1B Visa:			
New	Extension	Change: i.e. Promotion / Title / FTE / Salary	
Start Date & End dates of stay: <i>3 years per request</i>		Start:	End:
Address Where Person Will Work:			
Will the employee work at other locations for more than 10 consecutive days?		YES	NO
*If YES, will they spend more than 60 total days in a calendar year there?		YES	NO
Are there any working conditions (i.e. heavy lifting, strange hours, hazard, etc.) that affect the rate of pay?		YES	NO
LCA posting Address. MUST be specific & in building same where scholar will work:			
Visa Fee Processing Chartfield:			
ORG:	FUND:	ACCOUNT:	PROJECT: PROGRAM: USER DEFINE:
Faculty Sponsor <i>I agree to host this employee and be available for supervision during the entire H-1B program.</i>		Name: Email: Phone:	