



SECTION I: VISITOR INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Contact Address _____

City _____ State _____ Zip Code _____ Country _____

Educational Institution/Employer _____ Email Address _____

Daytime Phone Number _____ Birth Date _____
(include area and country code, if applicable) (MM/DD/YYYY)

Are you a U.S. Citizen? Yes No If no, list Citizenship and US Visa Status (if applicable): _____

Status Requested: Veterinary Student Resident/Intern Graduate Student Post-Doctoral Fellow
(please check the appropriate box) Faculty Scientist Practitioner Technician Other _____

Name(s) of faculty in the Department of Veterinary Biosciences you have contacted concerning your proposed visit: _____

Reason for Visit/Goals/Objectives:

[Empty box for Reason for Visit/Goals/Objectives]

Fee Waiver Justification (if applicable):

[Empty box for Fee Waiver Justification]

Dates of Visit Preferences (MM/DD/YY):

First Choice – Start Date _____ End Date of Visit _____
Second Choice – Start Date _____ End Date of Visit _____
Third Choice – Start Date _____ End Date of Visit _____

Rotations Requested (If more than one rotation, please rank in order of preference. Rotations are a minimum of one week each.):

Anatomic Pathology Clinical Pathology Research (please specify) _____ Other (please specify) _____

Release of Liability/Statement of Confidentiality

The above information is accurate and correct to the best of my knowledge. I understand that as a visitor, the College of Veterinary Medicine and The Ohio State University including its faculty, staff, students, agents, and representatives, are not responsible for illness or injuries encountered during my visit period, nor for payment to physicians, specialists, emergency rooms, or urgent care centers resulting there from. I understand that I may be exposed to various zoonotic illnesses and animal inflicted injuries. I understand that the only way to receive paid employment is to apply through the Office of Human Resources for The Ohio State University and/or the College of Veterinary Medicine. I have read and understand the College policy on human entry into College buildings following foreign travel. In addition, I have read and understand that, I am responsible for following university policies and procedures as outlined on the University's policy website at <http://www.osu.edu/policies/> and that failure to abide by university policy may result in suspension or termination of my visit. I will consider as confidential all information that I may gain in my visitor position, directly or indirectly, concerning clients, patients, veterinarians, staff, employees, volunteers, visitor, research data, and/or other protected information. I understand that I may be held personally liable for and that my visitor service will be terminated as a result of any breach of confidentiality. I understand that I will be notified via the e-mail provided on this form when my visit is approved. I understand all applicable fees must be paid prior to visit.

Visitor Signature : _____ Date: _____

SECTION II: TO BE COMPLETED BY THE SPONSOR

VBS Sponsor Name 1: _____

VBS Sponsor Name 2: _____

Goals of Visit and Sponsor Commitment

Goals of Visit and Sponsor Commitment

Financial Support Source and Amount:

Stipend: \$ _____

Supplies: \$ _____

Chartfield (ORG/FUND/USER DEFINED)

Chartfield (ORG/FUND/USER DEFINED)

Fee Waiver Justification

Approval Disapproval Approved Visit Dates (Start and End Dates):

Sponsor Signature 1: _____ Date: _____

Approval Disapproval Approved Visit Dates (Start and End Dates):

Sponsor Signature 2: _____ Date: _____

SECTION III: APPROVALS/ SIGNATURES

FAC Research Signature: _____ Date: _____

OR

Combined Path/Grad Director Signature: _____ Date: _____

Chair Approval Yes No

Fees (if applicable)

Visa Processing Fee: (\$366) Yes No

Standard Fee: (\$500/week) Yes No Special Fee/Week \$ _____

Chair Signature: _____ Date: _____