

# University of Wisconsin-La Crosse

## International Visitor Approval Form

### Part I: Personal Information

Name: \_\_\_\_\_ Male:  Female:   
Last (Family Name) First (Given Name)

Date of Birth: \_\_\_\_\_ Place of Birth (City and Country): \_\_\_\_\_  
Month Day Year

Current Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Position in country coming from:

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Function at UW-L:  Teaching  Research  
 Short-term Scholar  Special Program  
6 months or less

Period of stay at UW-L: \_\_\_\_\_ Major Field: \_\_\_\_\_  
From To

### PART II: Funding Source

The following documents **MUST** be completed 60 days before the program start date and attached to this form:

<input type="checkbox"/> Letter from sponsor/department describing visitor function	<input type="checkbox"/> Copy of visitor's passport from page w/photo, name and birth date
<input type="checkbox"/> Housing Reservation Form	<input type="checkbox"/> Financial Document/Insurance Source

#### Outside Funding

- Employer
- Agency
- Government
- Other (please specify)  
\_\_\_\_\_

#### UW-L Funding

- UWL contract from Human Resources
- Personnel Action Form (pink sheet)

### PART III: Signatures

Sponsoring Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

OIE Director: \_\_\_\_\_ Date: \_\_\_\_\_

Office of International Education  
 116 Graff Main Hall  
 1725 State Street  
 La Crosse, WI 54601