



TEXAS A&M INTERNATIONAL UNIVERSITY
 A Member of The Texas A&M University System

Office of Budget, Payroll and Fiscal Analysis
International Visitor Request Form

This form is required for any international visitor coming to visit, guest lecture, collaborate, and/or provide contractual services at TAMIU. This request must be submitted for *all* non-U.S. Citizens prior to the invitation and visit. Please complete this form, attach a copy of the individual's résumé, obtain the required signatures, and submit to BPFA, KL 160, for final approval. This form may be completed electronically and forwarded via e-mail to the appropriate offices for required approvals. Do not use this form if you are intending to hire a Foreign National as an employee (i.e. Visiting Professor). Employment requests must be directed to HR.

Name of Sponsor/Sponsoring Department: _____

FOREIGN NATIONAL INFORMATION				
Last Name (Surname/Family Name)		First Name (Given Name)	Middle Name	Month and Year of Birth
Country of Citizenship	(Proposed) Visa Type	Contact Number	Email Address	

Please indicate the start and end date of the proposed appointment/visit. _____ to _____

What is the justification/purpose of the visit? _____

Please list the primary duties of the individual. (Be specific to avoid requests for further information)

Will the individual be granted access to TAMIU's network or databases? NO YES
 If 'YES', please indicate what accesses will be requested: _____

Will the individual receive any payment from TAMIU? NO YES: Proposed Paying Account _____
 If 'YES', please indicate proposed payment amount: \$_____ monthly one-time payment

Disclaimer: I have reviewed the scope of the research to be performed and I understand that all Responsible Conduct of Research policies and procedures must be followed. This includes appropriate safety trainings, clearance by IRB and IACUC for human and animal subject's research, as well as Export Controls policies.

Offer Letter: All offer letters must include the required statements regarding work authorization and associated medical insurance, physical and/or intellectual property ownership, and potential tax liability (max 30%), if applicable.

Prepared by: _____
 Host Faculty Member Name (Print) Signature Date

Approved by:			
_____	_____	_____	_____
Department Head	Date	Dean/Director	Date
_____	_____	_____	_____
Appropriate V.P.	Date	Export Control Empowered Official	Date
_____		_____	
Office of Budget, Payroll & Fiscal Analysis		Date	