

SAMPLE DOCUMENTATION FOR VISITORS WITH
CLINICAL/MEDICAL DEGREES

(Must be printed on departmental letterhead and signed by authorized department/dean/VP signatory)

[Date]

This certifies that the program in which [Full Name of Exchange Visitor] is to be engaged is solely for the purpose of observation, consultation, teaching or research and that no element of patient care is involved.

Name
Chair, Department of

Date

Name
Authorized Department Dean/VP signatory
Department

Date

Responsible Officer
Alternate Responsible Officer
Visa and Immigration Services
International Academic Programs & Services
Exchange Visitor Program P-1-04840

Date