



SCHOOL OF
ARTS & SCIENCES
 UNIVERSITY of ROCHESTER

School of Arts and Sciences

J-1 Scholar Job Code Proposal

Submission of this form is required for any postdoc or faculty who requires a J1 Visa, whether the proposed position is paid or unpaid by the U of R. Review of and approval of this form is necessary to ensure that individuals are properly classified.

Please complete this form electronically. To obtain review and approval, please e-mail the completed form and required documentation to SASfacultyaffairs@ur.rochester.edu.

Please include the documents listed below when submitting this form. *If all information is not received the form will be returned to you with a request for additional information.*

1. Current Curriculum vitae
2. Copies of degrees and certificates earned
3. Copies of any external funding letters.

Department _____ Faculty Advisor _____

Dept. Administrator _____ Name of Visitor _____

Proposed start date _____ Proposed end date _____

Proposed title _____

Will the visitor have an externally paid appointment while at the U of R?

_____ Y (If yes, provide details _____) / _____ N

Describe the purpose of the exchange visitor's program. Include the goals to be achieved, the educational and experimental requirements, how the exchange visitor meets the requirements, and the length of time required to achieve the goals.

For all appointments (Postdoctoral and Visiting Faculty) please indicate the source of salary/stipend below. Include the UR account number as appropriate. All Postdoctoral Appointments must meet the current minimum base salary/stipend as noted in the Postdoctoral Appointment Policy for SAS. Please note: Postdoctoral Appointees may not be "self-funded" for salary/stipend purposes. Funding for pay must come from the University of Rochester or from clearly documented external sources, not from the Postdoctoral Appointee's personal funds or savings.

Source of Funds	Amount	Account Number(s)/Comments
Institutional (UR) Funds		
Research Grant		
Training Grant		

Fellowship (paid via UR)		
Fellowship (paid directly to Candidate)		
Total Annual Salary/Stipend		

POSTDOCTORAL CANDIDATES ONLY: Please indicate the date by which the postdoctoral candidate will have reached the 5-year maximum term and will need to be transitioned to an appointment requiring the H1B Visa Status.

____/____/____.
MM DD YEAR

Approval: SAS Deans Office

Date

Note: Approval of this form does not guarantee sponsorship on the UR J program.