

**INITIAL INTERNATIONAL FACULTY/SCHOLAR REQUEST FORM**

**The purpose of this initial form is to review the proposed activity and prior immigration history in order to make recommendations for immigration options to meet the needs of the department and the prospective international faculty member or scholar. Please complete the questionnaire below and submit to International Student and Scholar Services (ISSS) with the documents listed below. ISSS will review these materials and then contact the hiring supervisor with recommendations of immigration options that may be suitable for the proposed activity. If there are any questions, please contact us directly.**

**Name of Prospective Faculty/Scholar:** Click here to enter text.

***For Department to complete:***

**1.** Hiring/Sponsoring Department Name: UNC Eshelman School of Pharmacy

**2.** Department Number: 450183

**3.** Campus Box: 7360

**4.** Department Administrator’s/ISSS Liaison’s Name: Alekya Battula

**4a.** Phone: 919-966-7631 **4b.** Email Address: Alekya@email.unc.edu

**5.** PI’s/Supervisor’s Name: Click here to enter text.

**6.** PI’s/Supervisor’s Job Title: Click here to enter text.

**6a.** Phone: Click here to enter text. **6b.** Email Address: Click here to enter text.

**7.** Hiring Department’s Mailing Address: Click here to enter text.

**Position/Activity Information**

Employment is providing services or labor for wages or other remuneration, or performing any activity for which someone would ordinarily be paid. Volunteers perform services for a public agency for civic, charitable or humanitarian reasons, without the promise, expectation or receipt of compensation of any kind for the services rendered.

**1.** Proposed Position Title: Click here to enter text.

**2.** Position Classification:  EPA Faculty  EPA Non-Faculty  SPA

**3.** Brief description (1 sentence) of the subject/field of primary activity or specialization at UNC Chapel Hill, such as “research in the field of neuroscience” or “teaching in the area of nursing education” (Do not make reference to the letter of invitation text): Click here to enter text.

**4.** Activities to be performed by the beneficiary (check all that apply)

Teaching

Research

Clinical Fellowship

Clinical-Patient Care (including in a teaching setting)

Other (please specify) Click here to enter text.

**5.** Will the scholar be funded by source(s) other than UNC?  Yes  No

**5. a.** If yes, Source(s) of Funding: Click here to enter text.

**5. b.** If yes, Amount of Funding: Click here to enter text.

(***Attach funding documentation***) Scholars with personal and/or outside funding must have sufficient funds for their entire period of stay. The current minimum living expenses are $**1500 per month for the scholar**, $725 per month for a spouse, and $362.50 per month for each child.

**6. a.** If the foreign national will **not** be employed, please outline the proposed activities in lay terms and include the objectives of the visit to UNC-CH (If additional space is required, please attach):

**6. b.** If foreign national will be **employed** provide a full approved position description of job duties and responsibilities: ***(attach approved position posting and a copy of the offer letter***). Provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields involved. This job description should mirror the job description approved by HR for the proposed position (If additional space is required, please attach).

**7.** Proposed base salary, if position will be paid by UNC: $Click here to enter text. per year

**8.** Anticipated period of activity/employment: Click here to enter text.

**9.** Start date (mm/dd/yyyy): Click here to enter text. To date (mm/dd/yyyy): Click here to enter text.

**10.** This request is for a:  New Position  Extension of current position

**11.** Is this position full-time?  Yes  No

**12.** Is this a tenure-track position?  Yes  No

**13.** Is this a permanent position?  Yes  No

**14.** Is the Scholar currently in the US?  Yes  No

**15.** If in the US, current immigration status?  F  J  H  TN  O  E

Other (specify) Click here to enter text.

**16.** Is the Scholar currently at UNC?  Yes  No

**16a.** If yes, in what capacity? Click here to enter text.

**16b.** Expiration date of current immigration status: (mm/dd/yyyy) Click here to enter text.

**16c.** PID (when assigned): Click here to enter text.

**17.** Other information that might be pertinent to this case:Click here to enter text.

**Information about the Prospective International Faculty/Scholar**

**1.** Scholar’s Name: Family/Last: Click here to enter text. First: Click here to enter text.

Middle: Click here to enter text.

**2.** Scholar’s Date of Birth (mm/dd/yyyy): Click here to enter text.

**3.** Scholar’s Phone: Click here to enter text. Email: Click here to enter text.

I will notify ISSS of any changes or updates related to this faculty or scholar’s appointment or to the information provided in support of this petition or application.

Name and Title of Preparer \_\_\_\_\_\_Alekya Battula, HR/Immigration Specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Preparer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_