

**University of Washington School of Dentistry
Department of Orthodontics**

Visiting Scholars Program Application

(fillable PDF- form cannot be saved; please complete and print form.)

Required:

- Department of Orthodontics Visiting Scholar application (this document)
- Curriculum Vitae
- Research Statement (one page description of research project and objectives)
- Two letters of recommendation (Letter should come from faculty or other professional in Dentistry who can best evaluate you for a positive experience in the US).

Applicants do not need to inquire directly with faculty prior to applying. We ask for at least six (6) months to one (1) year advance notice of your visit request. We regret that the Department of Orthodontics cannot accept all applicants to the Visiting Scholar program and must refuse some applications because of space limitations or unavailability of an appropriate faculty sponsor.

Date of Submission:

Name as it appears on the passport

Last Name:

First Name:

MI:

Current Academic Title:

Current Employer:

Work phone:

Mailing Address:

Home phone:

Cell phone:

Email address:

Fax:

Gender:

Male

Female

City of Birth:

Date of Birth:

Country of citizenship:

Country of legal permanent residence
if different than country of citizenship:

List prior visits to US (except as a B1 or B2-Tourist visa or visa waiver). List type of visa and dates of stay:

Start date of intended visit:

End date of intended visit:

Are you currently in the U.S.? Yes No

Research Area:

Are you a Medical Doctor? Yes No

Proposed Faculty Sponsor:

Highest Degree earned:

Date earned:

Field of Study:

Name of Granting Institution:

Are you enrolled or pursuing a degree at an academic institution outside of the U.S.? Yes No

If yes, name of institution where you are enrolled or pursuing a degree:

Current degree level (Masters, PhD, etc.):

Degree Completion Date:

Employer or Organization Funding Name:

Funding Amounts

Combined sources of funding must be sufficient to cover expenses, and be not less than:

- J-1 scholar: \$2100 per month
- J-2 spouse: \$1200 per month
- J-2 child: \$600 per child, per month

Funding sponsor Amount:

Personal funds:

Total U.S. funding amount for the duration of visit:

Information about your dependents if coming with you. If you have more than two dependents, list them on a separate page.

Dependent One:

Dependent Two:

Relationship: Spouse Child

Relationship: Spouse Child

Date of Birth:

Date of Birth:

City of Birth:

City of Birth:

Country of Birth:

Country of Birth:

Country of Citizenship:

Country of Citizenship:

Gender: Male Female

Gender: Male Female

Please indicate level of English competency:

Excellent Good Fair Poor

Can you provide documentation of English language proficiency:

A recognized English language test – TOEFL: Yes No Date last taken:

or

Signed documentation from an academic institution or English language school: Yes No

Financial information:

The University of Washington requires all Visiting Scholars to provide documentation of their ability to support themselves financially while in the U.S.

Please complete, print application form, scan to PDF and send the application and documents (electronically only) to: Ellen Liao, Administrator, Department of Orthodontics at ellenal@uw.edu