

Request for Waiver of Policy on J-1 Visas

Department/Program _____ Date of request _____
Name of resident applicant _____ Degree _____
Date for proposed appointment to program _____ PGY level _____
Medical school _____ Date of graduation _____
Other GME training/dates _____

Date of security background check _____ Results _____
Date of interview for residency position _____
Names of interviewers _____

Attestations:

I, _____, request a waiver of the Policy on
Resident Visas for the above-named physician, for the following reason(s): _____

Program Director _____ **Date** _____

I, _____, take responsibility for prevailing wage,
benefits, and filing fees for the above-named individual.

Department Chair _____ **Date** _____

Resident applicant _____ **Date** _____

Associate Dean for GME _____ **Date** _____