

Semel Institute Office of Education  
Academic Trainee Office Visiting Student Appointment Form

Department Administrator Name \_\_\_\_\_

VGR's Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Begin date \_\_\_\_\_ End date \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Citizenship \_\_\_\_\_ Need J-1 visa sponsorship? Yes \_\_\_\_\_ or No \_\_\_\_\_

Title of Research Project \_\_\_\_\_

**Visiting Graduate Researcher (VGR)**

Campus fees paid by dept: \_\_\_ Yes \_\_\_ No

Recharge ID# \_\_\_\_\_ Total fees \$ \_\_\_\_\_

Fund manager name: \_\_\_\_\_

FM Approval: \_\_\_\_\_

Visas fees paid by dept: \_\_\_ Yes \_\_\_ Recharge ID# \_\_\_\_\_

Total visa fees \$ \_\_\_\_\_

Fund manager name: \_\_\_\_\_

FM Approval: \_\_\_\_\_

FAU (Bruin card fee \$7.50): \_\_\_\_\_

FM name: \_\_\_\_\_ FM Approval: \_\_\_\_\_

**Visiting Undergraduate Researcher (VUR)**

Visas fees paid by dept: \_\_\_ Yes \_\_\_ No

Recharge ID# \_\_\_\_\_ Total Fee Amount \_\_\_\_\_

Fund manager name: \_\_\_\_\_

FM Approval: \_\_\_\_\_

FAU (Bruin card fee \$7.50): \_\_\_\_\_

FM name: \_\_\_\_\_

FM Approval: \_\_\_\_\_

**VGR-Stipend**

Mo. Stipend \$ \_\_\_\_\_ FAU \_\_\_\_\_  
(Must be linked to a 78 account prefix)

Fund Name \_\_\_\_\_

Fund Manager Name \_\_\_\_\_

Fund Manager Approval \_\_\_\_\_

FAU (Bruin card fee \$7.50): \_\_\_\_\_

FM name: \_\_\_\_\_

FM Approval: \_\_\_\_\_

**VGR- Salary**

Additional instructions to follow upon initial provisional  
Graduate Division approval

**VUR-Stipend**

Mo. Stipend \$ \_\_\_\_\_ FAU \_\_\_\_\_  
(Must be linked to a 78 account prefix)

Fund Name \_\_\_\_\_

Fund Manager Name \_\_\_\_\_

Fund Manager Approval \_\_\_\_\_

FAU (Bruin card fee \$7.50): \_\_\_\_\_

FM name: \_\_\_\_\_

FM Approval: \_\_\_\_\_

***In order to be considered for review. Please ensure that the following are attached:  
Pre-Appointment Questionnaire, Statement of Objective, CV, Proof of Registration and if applicable  
the English Proficiency Certificate and Proof of financial support.***

**APPROVAL**

Faculty Mentor : \_\_\_\_\_

PRINCIPAL INVESTIGATOR \_\_\_\_\_

Name

Signature

Date