The University of Michigan
School of Dentistry
Postdoctoral Scholar Program

APPLICATION FOR ADMISSION

PLEASE PRINT OR TYPE

Section I. PERSONAL INFORMATION: Spell exactly as is in the passport. You may also use the US visa stamp page

Family Name _____ First Name _____ Middle Name _____

Gender: __ Male __ Female Date of Birth: _____
MM/DD/YYYY

Country of Citizenship: _____ Country of Permanent Residence: _____

Country of Birth: _____ City of Birth: _____

Occupation in Country of Permanent Residence: Title: _____

Place of Work: Institution/organization: _____

Check all Levels of Education **Completed:** __ Bachelors __ Masters __ Doctorate (Ph.D) ? M.D.

US Social Security # __ __ __ - __ __ - __ __ __ __

Current Mailing Address: _____

_____

Current Home Phone: _____Fax _____Office Phone: _____

Home Country Permanent Address (if different) _____

_____

Email Address: _____ Spouse's Email Address: _____

Section II: IMMIGRATION STATUS HISTORY

Complete the chart below excluding periods you spent as a tourist. Include past and present dates only.

Issuing Institution (College or Business not Embassy)	*Visa Type* (F-1, J-1 or other)	*Category* (see section 4 of IAP)	*From* (MM/DD/YYYY)	*To* (MM/DD/YYYY)

Section II. IMMIGRATION STATUS HISTORY [continued]

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

If **yes**, please indicate current immigration status: ____ If *J-1*, please indicate category: _____

If **yes**, please check one of the following:

__ I will be leaving the U.S. and returning before I begin my appointment at UM.

Date leaving U.S. _____ Date of reentry to the U.S. _____
MM/DD/YYYY MM/DD/YYYY

__ I am requesting to extend my current J-1 status.

__ I am requesting a **transfer** from another Exchange Visitor Program Sponsor.

Name & Address of current J-1 program sponsor: _____

__ I will be requesting a change of immigration status with INS within the U.S.

Attach CLEAR copies of all previous visa documents including I-94, DS-2019 (IAP-66) and/or I-20 forms.

Please fill out the following information regarding the two-year residence requirement 212e.

See Section VI.

- Have you, the exchange visitor, ever been in J status previously __ Yes __ No
- Are you, the exchange visitor, subject to the two-year residence requirement? __ Yes __ No
- Have you applied for a waiver to the two-year residency requirement? __ Yes __ No
- Have you received a waiver to the two-year residence requirement? __ Yes __ No
  * If visitor has received a waiver please attach a **copy of the waiver** to this request form:
- Special date you received waiver or waiver recommendation: _____
  MM/DD/YYYY

Section III: DEPENDENTS

- Will spouse be accompanying visitor? __ Yes __ No
- How many children will be accompanying visitor? __ 1 __ 2 __ 3 or more

Please complete this section for any family members who will accompany you to the U.S.

Only your spouse and children under the age of 21 who are not U.S. citizens may be included as J-2 dependents. If your family will not travel to the U.S. with you, a separate document can be prepared to allow them to enter the U.S. at a later date. (For this, come to the International Center after you arrive in Ann Arbor).

Family Name (as it ppears in passport	*First Name* (as it appears in passport)	*Middle Name* (as it appears in passport)	*Relationship* (husband, wife, son, daughter)	*Date of Birth (MM/DD /YYYY)*	*City of Birth*	*Country of Birth*	*Country of Citizenship*	*Country of Permanent Residence*

Section IV. SOURCES OF FINANCIAL SUPPORT FOR ENTIRE PERIOD OF DS-2019

__ U.S. Government Agency(cies) (Specify: _____) $_____

__ Exchange Visitor's Home Government Visitor Program $ _____

__ International Organization(s) (Specify: _____) $ _____

__ Other Organizations (Specify: _____) $ _____

__ Personal Funds (Attach funding documentation) $ _____
If you are **not** being funded by the University of Michigan, it is necessary to provide a **letter of award** or a **bank statement** (if you will be supported by personal funds).

If funding is NOT from a University of Michigan source: In additional to listing the sources of funding, it is necessary to attach the letter of award and/or Exchange Visitor's personal bank statement to show that the department has verified sufficient funding for the visitor's entire program. Please note: On-line banking statements will not be accepted. All documents **MUST** be translated into **English** or your processing will be delayed.

Section V. MANDATORY HEALTH INSURANCE POLICY

Exchange Visitors and accompanying dependents **must** have health insurance coverage meeting the University of Michigan standards. Insurance benefits for each dependent must be equal to the Exchange Visitor. You **must** come to the International Center to enroll in the **International Student and Scholar Health Insurance Plan or to receive a waiver** if you are able to show proof of **comparable** health insurance coverage. The cost for health insurance (for 2003-2004) if $48.00/month for single coverage, $197.00/month for you and one dependent and $345.00/month for you and more than one dependent.

If you have comparable health insurance coverage from your home country, it is possible to **waive** this requirement by bringing a copy of the policy to the International Center to be reviewed. For more details about the standards for granting a waiver, refer to the letter which will accompany the Form DS-2019 (IAP-66). You may also contact a Health Insurance Coordinator at the U-M International Center by email at *internaitonal-insurance@umich.edu*, by fax at (734) 647-2181, or by telephone at (734) 647-2303 for more details regarding these insurance requirements.

Section VI. TWO-YEAR HOME PHYSICAL PRESENCE REQUIREMENT (212(e) - HPPR)

Under specific circumstances, Exchange Visitors may become subject to a "Two-year home physical presence requirement." This means that when an Exchange Visitor completes his/her J-1 program, he/she is expected to return to his/her country for 2 years **or** obtain a waiver of this requirement, before he/she can chance statue to H-1B, L-1 or Permanent Resident.

Section VII. ENGLISH LANGUAGE

What is your native language? _____

If your native language is not English, it will be necessary for you to take the TOEFL (Test of English as a Foreign Language). Your score for TOEFL must meet the minimal requirements:

- paper and pencil TOEFL test <600 or any part score <60
- computer – based TOEFL test <250 or any part score <25

Section VIII. STATEMENT OF PURPOSE

Outline your reasons for enrolling in the Postdoctoral Scholar Program. Include your professional and research interests, as well as your career expectations and what you expect to gain from this program. You may type your Statement of Purpose on a separate sheet. Remember to sign your name and attach it to your application.

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How did you hear about our program? Please give details, where and when.

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_____

Section IX. PROPOSED TERM OF ENROLLMENT

Term of proposed enrollment (check one): Fall 2004 _____ Fall 2005 _____ Fall 2006 _____

I hereby certify, that I have read all of the instructions and that I have answered all of the questions completely and truthfully, I understand that misrepresentation of any portion of this application, including supporting credentials and documents, may be cause for cancellation of my admission. I also understand that all credentials and documents that I submit become the property of the School of Dentistry

Signature _____ Date _____

Mail the completed application and academic credentials to:

The University of Michigan
School of Dentistry
Office of Alumni Relations & CDE
1011 N. University Avenue, Rm 1212
Ann Arbor, Michigan 48109-1078 USA
ATTN: Ms. Deborah L. Montague