College of Veterinary Medicine & Biomedical Services

International Visiting Scholar/Student Authorization Form

Limit of Visit – 6 weeks
(**May** and **June** are **NOT** available for scheduling groups in the clinic

Form must be submitted a **minimum** of **3 Months Prior** to Visit ***(6 mo. preferred)***

Routing:

Faculty prepares visitor form then routes to:

1. CVM International Program Director, ***Linda Logan*** (***LLogan@cvm.tamu.edu***)
   Then faculty member personally takes the form to Large & Small Animal DHs:
2. **VSCS Department Head-*Jonathon Levine***
   - Elaine Lippard – Department Coordinator
   - Clinical Faculty Sponsor – James Barr
3. **VLCS Department Head- *Allen Roussel***
   - Laura Beach – Department Coordinator
   - Clinical Faculty Sponsor –
4. Final Form AND copy of visitor's schedule to:
   - Laura Beach (VLCS), ***lbeach@cvm.tamu.edu*** 845-9160
   - Elaine Lippard (VSCS), ***elippard@cvm.tamu.edu*** 845-0341
   - Sharon Dickerson (Necropsy), ***sdickerson@cvm.tamu.edu*** 845-4654
   - Gwen Levine (Diagnostics), ***glevine@cvm.tamu.edu*** 862-1939
   - VMTH HR ***HR-VMTH@cvm.tamu.edu*** 862-1320

   FINAL COPY RETURNED TO
   - Cindy Voelker (VTPB), ***cvoelker@cvm.tamu.edu*** 845-3365

FACULTY SPONSOR INFORMATION

Faculty Sponsor Name		***Department***		***Email***	
Signature		***Date***		***Cell Phone***	

CVM International Programs Director	Linda L. Logan	***Email***	LLogan@cvm.tamu.edu	***Cell Phone***	979-676-0820
Signature				***Date***	

VISITOR INFORMATION

Total Number of Faculty Sponsored Students: _____

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

VISITOR INFORMATION

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	

Visitor Name		***Home Institution***		***Country***			
Email		***Cell Phone***		***Arrival Date***		***Departure Date***	