• Cindy Voelker (VTPB), cvoelker@cvm.tamu.edu 845-3365

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

**Routing:**

Faculty prepares form then routes to:

1. **CVM International Program Director** - ***Linda Logan*** ***(***[***LLogan@cvm.tamu.edu***](mailto:LLogan@cvm.tamu.edu)***)***

\*Copy Business Administrators – ***Erika Walker*** ***(***[***ewalker@cvm.tamu.edu***](mailto:ewalker@cvm.tamu.edu)***) & Cindy Voelker*** ***(***[***cvoelker@cvm.tamu.edu***](mailto:cvoelker@cvm.tamu.edu)***)***

1. **Departmental Program Coordinators** - ***Elaine Lippard (***[***elippard@cvm.tamu.edu***](mailto:elippard@cvm.tamu.edu)***) & Laura Beach (***[***lbeach@cvm.tamu.edu***](mailto:lbeach@cvm.tamu.edu)***)***\*Include a Visiting International Scholar/Student Schedule for each individual visitor

* Elaine & Laura contact Host sponsors and visitors about clinical assignment preferences

1. Final form AND visitor’s schedule to:

* Elaine Lippard (VSCS),[***elippard@cvm.tamu.edu***](mailto:elippard@cvm.tamu.edu) 845-0341
* Laura Beach (VLCS), [***lbeach@cvm.tamu.edu***](mailto:lbeach@cvm.tamu.edu)845-9160
* Sharon Dickerson (Necropsy), [***sdickerson@cvm.tamu.edu***](mailto:sdickerson@cvm.tamu.edu)845-4654
* Gwen Levine (Diagnostics), [***glevine@cvm.tamu.edu***](mailto:glevine@cvm.tamu.edu)862-1939
* VMTH HR [***HR-VMTH@cvm.tamu.edu***](mailto:HR-VMTH@cvm.tamu.edu)862-1320

**FINAL COPY w/signatures RETURNED TO**

* Erika Walker, [***ewalker@cvm.tamu.edu***](mailto:ewalker@cvm.tamu.edu) 845-8612
* Cindy Voelker, [***cvoelker@cvm.tamu.edu***](mailto:cvoelker@cvm.tamu.edu) 845-3365
* Host & Faculty Sponsor

**Limit of Visit – 6 weeks**

(**May** and **June** are **NOT** available for scheduling groups in the clinic

**International Visiting Scholar/Student**

**Authorization Form**

**College of Veterinary Medicine & Biomedical Services**

**FACULTY SPONSOR INFORMATION**

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

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| --- | --- | --- | --- | --- | --- |
| ***CVM International Programs Director*** | Linda L. Logan | ***Email*** | [LLogan@cvm.tamu.edu](mailto:LLogan@cvm.tamu.edu) | ***Cell Phone*** | 979-676-0820 |
| ***Signature*** |  | | | ***Date*** |  |

**VISITOR INFORMATION Total Number of Faculty Sponsored Students: \_\_\_\_\_\_\_\_\_**

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

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

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

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| ***Email*** |  | ***Cell Phone*** |  | ***Arrival Date*** |  | ***Departure Date*** |  |

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

**VISITOR INFORMATION**

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| ***Email*** |  | ***Cell Phone*** |  | ***Arrival Date*** |  | ***Departure Date*** |  |

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

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| ***Email*** |  | ***Cell Phone*** |  | ***Arrival Date*** |  | ***Departure Date*** |  |

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