

Departmental Access Authorization Form

International Student and Scholar Services

North Decatur Building Suite 130 • Tel: +1-404-727-3300 • www.iss.emory.edu



EMORY
UNIVERSITY

*** Please type or complete this form electronically ***

I, _____, _____, hereby authorize
Name of department chair/head Position title

the individual specified below to represent the department in matters related to hosting and/or hiring international scholars, which may include providing salary information of individuals holding the same or similar positions as required by immigration regulations.

I understand that the specified individual must have attended or will attend a Bringing the World to Emory workshop and an ISSS Link e-form training before this individual submits scholar request e-forms (such as J-1, H-1B, etc.) to ISSS.

Name of department representative: _____
Last name First name

Position title: _____

Department name: _____

School/division: _____

Emory NETID for ISSS Link access (e.g. dooley25): _____

Emory email: _____

Phone: _____

Signature of Chair/Head: _____ Date: _____

If School of Medicine or School of Public Health:

Signature of Dean (or designee): _____ Date: _____

Name: _____ Title: _____

Note: Please bring the completed form to the Bringing the World to Emory workshop. Do not fax it to ISSS.

For ISSS use only:
Date form received: _____ by: _____
Date of BTWE workshop date: _____
Date of ISSS Link e-form training: _____
Date access request approved: _____ by: _____
Date access granted to ISSS Link: _____ by: _____