

# J-1 Interested Government Agency or Conrad 30 Waiver Request

International Student and Scholar Services (ISSS)

Tel: +1-404-727-3300 / [www.issss.emory.edu](http://www.issss.emory.edu)



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## ***TO BE COMPLETED BY THE HIRING DEPARTMENT.***

International Student and Scholar Services (ISSS) understands that you are interested in sponsoring an Interested Government Agency (IGA) or Conrad 30 Waiver of the below-named employee's Two Year Home Country Physical Presence 212(e) Requirement. Please complete this form and return it to ISSS for evaluation.

Name of Foreign National: \_\_\_\_\_ EMPLID: \_\_\_\_\_

Hiring Department: \_\_\_\_\_

Position title being offered to the foreign national: \_\_\_\_\_

Will your department sponsor Permanent Residency (i.e. green card) for this employee?

Yes  No (if No, this will not move forward as future PR sponsorship is required.)

This employee is  a primary care physician or  a specialty physician.

**By signing this form, we attest that we understand the commitment involved with the waiver application process, and that we will be responsible for associated expenses.**

### **Position reports to:**

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Department Chair:**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Dean of School:**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Administrative Contact** *(This person will be the main contact for the waiver application process):*

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Please return this form to [issss@emory.edu](mailto:issss@emory.edu). Within five business days of the date the form is received, ISSS will contact you with further guidance. Thank you.