

ISSO Fee Form

Date:	Department:	Scholar's Last Name, First Name:		
Department Representative:		Phone:	Email:	Campus Box:

PLEASE PROVIDE EITHER SPEEDTYPE REFERENCE OR COMPLETE CHARTSTRING FOR RECHARGE:

SpeedType (up to 10 characters): _____

OR

Business Unit: _____ **Fund:** _____ **DeptID:** _____

Project: _____ **Activity Period:** _____

Function: _____ **Flexfield:** _____

EMPLOYMENT BASED SCHOLARS

	H-1B CLINICAL TRAINEES & STAFF	E-3	TN	O	PR
Initial Status	\$2130	\$1700	\$630**	\$2570*	\$3280*
Extensions, Amendments, Other Changes	\$1920	\$1700	\$1500***	\$3890	

*Referral to outside counsel

**Letter for travel to the US

***Application to extend or change status in US

MISCELLANEOUS

B-1 Visitors – School of Medicine Clinical Electives	\$530
J-1 ECFMG Fee (Resident & Clinical Fellows)	\$840