

## ISSO Fee Form

<b>Date:</b>	<b>Department:</b>	<b>Scholar's Last Name, First Name:</b>		
<b>Department Representative:</b>		<b>Phone:</b>	<b>Email:</b>	<b>Campus Box:</b>

**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

	<b>H-1B CLINICAL TRAINEES &amp; STAFF</b>	<b>E-3</b>	<b>TN</b>	<b>O</b>	<b>PR</b>
Initial Status	\$2000	\$1660	\$660**	\$2610*	\$3260*
Extensions, Amendments, Other Changes	\$1750	\$1610	\$1690***	\$3760	

\*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	\$560
J-1 ECFMG Fee (Resident & Clinical Fellows)	\$890