

Dear \_\_\_\_\_:

On behalf of President William R. Brody it is my pleasure to invite you as a Visiting Student in the ----- Department in the \_\_\_\_\_ at The Johns Hopkins University for the period --- through ---. It is understood that this offer will carry no stipend or salary from the university and excludes personnel benefits.

It is my understanding that you are currently a full-time student at \_\_\_\_\_. During the period of appointment you will participate in \_\_\_\_\_ under the supervision of Professor \_\_\_\_\_. Upon arrival and prior to entering any restricted areas such as laboratories, machine shops, etc. you will be required to complete a safety orientation program or provide documentation of having completed a similar program at another institution. Please contact the department administrator for further information.

This appointment, like all appointments at The Johns Hopkins University, is contingent upon your demonstrating authorization to be in the United States. For all non-U.S. citizens this offer is contingent upon your being granted an appropriate visa status. Your appointment cannot commence until authorization is confirmed in our Office of International Student and Scholar Services. For information concerning visa issues please contact the Office of International Student and Scholar Services (OISSS) through their website: <http://www.jhu.edu/~iss/>.

By accepting this appointment you agree to abide by all University policies including but not limited to the policies regarding safety, research and professional misconduct, responsible conduct of research, and conflict of interest.

Visiting Students are required to meet the University's pre-entrance health requirements detailed on the Student Health and Wellness Center website (<http://www.jhu.edu/~shcenter/pre-entrance.htm>). We strongly encourage you to complete these requirements **before** you arrive at Johns Hopkins. If it is determined that you require any vaccines or screening tests, they can be administered for a fee at the Student Health & Wellness Center. Please visit the Student Health & Wellness Center website (<http://www.jhu.edu/~shcenter/>) for more information about their services.

As confirmation of your understanding of and willingness to accept this appointment please sign and date below and return the original document in the envelope provided. The enclosed copy is for your records. We look forward to your participation in the program.

Sincerely,

**Accepted:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_