

Saint James School of Medicine

VISA SUPPORT LETTER REQUEST FORM

Office of Admission: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068
Phone: (800) 542 1553 • Fax: (847) 298 2539 • Web: www.sjism.org • Email: sjismclinical@mail.sjism.org

INSTRUCTIONS

- Visa Requests should be submitted no later than 4 weeks of your scheduled start date.
- By submitting the completed form you authorize Saint James School of Medicine to release information for the purpose as specified.
- There is no charge for a Visa Support Letter.
- Please allow 3-5 business days for processing; NO rush processing
- Email completed form to sjismclinical@mail.sjism.org; the completed request will be emailed back to the email address you provide below.

SJSM is not a United States school and cannot issue/complete any other supporting immigration forms, and we cannot guarantee your entry into the United States. An additional support letter may be obtained from the Hospital you are scheduled at and will be your responsibility to request.

Please Note: Visa Support Letters will not be released if the student has an outstanding financial obligation to SJSM. Please clear all financial obligations with SJSM before making your request.

TO BE FILLED OUT BY STUDENT

Full Name: _____ Country of Origin: _____
Citizenship: _____ Passport No: _____
Phone: _____ Email: _____

CAMPUS

Anguilla

St. Vincent

FOR OFFICE USE ONLY

Approved Denied Start Date: _____ Weeks Remaining: _____ Location: _____

(Clinical Dept.) Signature: _____ Date: _____

Processed by: _____ Date: _____