

MEMORANDUM

DATE:

TO: Ashley Hempenstall - International Medical Education, International Visiting Scholars
Program

FROM:

RE: **International Visiting Scholars Application Fee**

I, Dr. _____ am inviting International Visiting Scholar,
_____ to _____ with me in the department of
_____ at UAB's School of _____.

The department agrees to cover the non-refundable \$75 expedited processing fee for International visiting scholar, _____, to have their visiting scholar application expedited.

We fully acknowledge and understand that this \$75 expedited fee is not refundable under any circumstance. With this understanding, our department affirms our commitment to paying the fee as indicated and agrees to have International Medical Education initiate a Journal Transfer to our account to collect the expedited fee.

Please list your full, unrestricted account number here, for a journal transfer to be initiated:

_____.

Accepted By:

UAB Faculty (Signature)

UAB Faculty (Name)