

**MEMORANDUM**

DATE: \_\_\_\_\_

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

FROM: \_\_\_\_\_

RE: **International Visiting Scholars Application Fee**

The Department of \_\_\_\_\_ agrees to cover the non-refundable \$350 International Visiting Scholar Application fee for the International Visiting Scholar, \_\_\_\_\_.

We fully acknowledge and understand that this \$350 application fee is not refundable under any circumstance. With this understanding, our department affirms our commitment to paying the application fee as indicated.

Accepted By:

\_\_\_\_\_  
UAB Faculty (Signature)

\_\_\_\_\_  
UAB Faculty (Name)