Address of Department

Name of Applicant

full address of Applicant

Dear Applicant‘s Name:

On behalf of (Department’s Name), I am happy to extend an invitation to you as a Visiting Scholar under the Exchange Visitor Program at the University of Texas Rio Grande Valley for the period

beginning on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_.

You will be assigned to \_\_\_\_ (*Name* *of* *supervisor/hosting professor)\_*\_\_ during your stay on our campus.

While this invitation does not include any direct financial remuneration, we will provide office space,

access to facilities, computers, and library collections during your time.

As a Visiting Scholar under the Exchange Visitor Program at UTRGV, you are required to have medical insurance during your time in the United States which satisfies the requirements described in the US Code of Federal Regulations (22 CFR § 62.14).

Federal regulations that govern the Exchange Visitor Program require that your DS-2019 be canceled and your exchange visitor program be terminated if you willfully fail to comply with the medical insurance requirement. There is a reasonable grace period after you arrive to attend to this issue.

We look forward to welcoming you to our scholarly community. Please keep us informed regarding your

travel plans.

Sincerely,

Name and Signature of Chair