



# International Visitor Category Assessment

Please complete the following questionnaire and submit to your HR Advisor/Coordinator in order to determine the appropriate immigration category and complete the 'Offer of Employment to a Foreign National Exempt from a Labour Market Impact Assessment form (IMM 5802)', if applicable.

## HOST FACULTY/DEPARTMENT AT THE UNIVERSITY OF CALGARY

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Faculty/Department

Name of U of C Host

Phone Number of U of C Host

Email of U of C Host

## INTERNATIONAL VISITOR INFORMATION

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Prefix

Last Name

First Name

Citizenship

Employment Status/Position

Current Country of Residence

Name of Current Employer or Post-Secondary Institute

Status in current Country of Residence

Will the visitor return to his/her home country at the end of this visit?

Citizen

Yes

Permanent Resident

No

Temporary Resident

Highest Level of Education Completed

Date of Completion of PhD/MD/MVD

Student Status

Is the assignment at the U of C for Academic Credit?

Undergraduate

Yes

Graduate

No

International Visitor Email Address

## APPOINTMENT

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Expected Start Date of Visit

Expected End Date of Visit

Describe Activities that Visitor Will Carry Out at the U of C

Minimum Education Required

Any Provincial/Federal Certificate, Licensing Requirements for this Appointment?

PhD

No

Doctor of Medicine

Yes (specify)

Bachelor

Other (specify)

Experience/Skills Requirements of this Appointment

List All Geographic Locations Where Visitor's Activities Will Take Place

Benefits Applicable

Disability Insurance

Dental Insurance

Extended Medical Insurance

Vacation (calculation below)

Other (specify)

Vacation Calculation Days

OR Calculation % of Gross Salary

## U OF C FINANCIAL ASSISTANCE

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Type(s) of Financial Assistance Visitor Will Receive From U of C

No Assistance from the U of C Host

Stipend

Living Allowance

Honorarium

Travel Costs

Per Diem

Accommodation Costs

Meal Costs

Direct Recipient of Research Award

Other (please specify)

Amount (CDN\$)

OR Per Hour (CDN\$)

OR Per Year (CDN\$)

Total Number of Hours Per Day

Per Week

## EXTERNAL FINANCIAL ASSISTANCE

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Type(s) of Financial Assistance Visitor Will Receive From External Source(s)

No Assistance	Salary
Personal Savings	Scholarship
Travel Costs	Accommodation Costs
Meal Costs	Direct Recipient of Research Award
Other (specify)	

Source of Financial Assistance

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Signature of UCalgary Host

Date

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Please **attach a copy of your visitor's passport** to this form, and then submit signed form to HR Advisor/Coordinator.

**IMPORTANT:** Please ensure that you complete all relevant information. Incomplete information may result in delays to the facilitation process.