

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)