

(DATE)  
NAME  
ADDRESS

Dear \_\_\_\_\_:

On the basis of our recent conversations, I am pleased to offer you an appointment as a Visiting Scholar in my laboratory. I look forward to working together on *(description of projects, responsibilities, and functions)*.

Your appointment will be effective on *(insert date)* and will end on *(insert date)*. You will be supported on *(list amount and source of funding)* to be compensated in accordance with predetermined arrangements made with your home institution (if appropriate or insert: *in accordance with the payroll schedules of the University of Pennsylvania and prorated for the time period worked.*)

In accordance with School of Medicine policy, **this appointment will be for up to one year.** Your appointment as a Visiting Scholar is not an employment contract and this appointment may be terminated at any time for unsatisfactory performance, misconduct, or for other reasons. You must provide evidence that you hold an appointment at *(insert name of home institution)* for the duration of your visit at the School of Medicine.

Individuals classified as Visiting Scholars are required to participate in a health insurance plan. If you are currently enrolled in a health insurance plan with at least comparable coverage and wish to continue that coverage, you may choose to waive participation in the either the University's program or appropriate health insurance plans for international visitors. If you enroll in one of the University's health insurance programs, the costs for single coverage for you will be paid by *(indicate source of coverage)*. If you require family coverage, you will be required to pay the additional premiums *(or indicate source of support)*.

As a Visiting Scholar you will be subject to all applicable University policies, as they may exist from time to time, including the policies and procedures governing Patent and Tangible Research Property. Please read, sign and return the Participation Agreement (available at <http://www.med.upenn.edu/postdoc/patent.policy.02.22.05.pdf>) which is enclosed with this offer letter.

All Appointees must submit documentation to demonstrate eligibility to receive US source compensation while in the United States. **(FOR FOREIGN SCHOLARS)** **This offer is contingent upon having a valid visa and it is your responsibility to insure that you are in compliance with USCIS (Formerly known as INS) policies.** Please contact the Office of International Programs (OIP) of the University of Pennsylvania (215/898-4661) immediately so that any visa issues may be addressed PRIOR to your joining us. Upon arrival at Penn, you must present your passport and visa documents to OIP and receive their approval. Payroll documentation cannot be processed until you have presented OIP approval.

Please sign this offer letter to indicate your acceptance of the terms of your appointment and return it to me by \_\_\_\_\_ with your signed Participation Agreement. I look forward to your coming to the University of Pennsylvania.

Sincerely,

\_\_\_\_\_

Signature of Host Faculty

I accept this offer as outlined above.

\_\_\_\_\_

Signature of Scholar

\_\_\_\_\_

Date

Signature of Department Chair

\_\_\_\_\_

Date