WOC APPOINTMENT REQUEST

(PLEASE PRINT)

PLEASE PROCESS THE FOLLOWING AS A WOC APPOINTMENT:

NAME: _____

DATE OF BIRTH: _____COUNTRY OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? ☐ YES ☐ NO

IF NO, OF WHAT COUNTRY OR COUNTRIES ARE YOU A CITIZEN? _____

_____

VISA TYPE / OR GREEN CARD: _____VISA/GREEN CARD #: _____

VISA EXPIRATION DATE: _____

REQUESTED PERIOD OF APPOINTMENT: TENATIVE START DATE _____TO_____

POSITION TITLE: _____

HOME ADDRESS: _____

CITY, STATE, ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

CHECK IF YOUR POSITION IS EXPECTED TO HAVE CONTACT WITH:

HUMAN SUBJECTS ☐ ANIMAL SUBJECTS ☐

POSITION FUNDED BY (PLEASE CIRCLE): VISTAR MUSC OTHER - CRI

POINT OF CONTACT: _____Kelly Page_____

POINT OF CONTACT PHONE: _____(843) 277-2760_____

_____ _____

SIGNATURE OF SUPERVISOR DATE

_____

PRINT NAME OF SUPERVISOR/PI