Month, XX YYYY

Name Street City/Province/Postal Code Country

Re: Letter of Invitation

Dear	Ν	lai	m	е
------	---	-----	---	---

Department of This offer is effe	nange Visitor at The Ohio State University in the ective from spell out month, day, year through spell be involved in (include all that apply) Research	
	per month/year for a total amount of \$ ffice space, the use of a computer and access t	_ during o the

## AND / OR

## [Paragraph for non-Ohio State funding]

I understand you will be providing your own funding to take care of your expenses, including health insurance. However, we will provide you with office space, the use of a computer and access to the University library.

**The Ohio State University Health Plans** plus supplemental insurance for medical evacuation and Repatriation of mortal remains, which must be purchased separately. One allowable option: Gallagher M & R: <a href="https://www.gallagherstudent.com/products/medical-evacuation-repatriation/">https://www.gallagherstudent.com/products/medical-evacuation-repatriation/</a>

**Gallagher International Students & Scholars Plan** – Under this option, Gallagher offers two plans, Silver and Gold. New plans will be available starting July 1: <a href="https://www.gallagherstudent.com/students/student-home.php?idField=1133">https://www.gallagherstudent.com/students/student-home.php?idField=1133</a>

If you are eligible for the Ohio State University Health Plans, we recommend you enroll in one of these plans over the Gallagher International Students & Scholars Plans. For more information on these two health insurance options, we encourage you to visit our website: <a href="https://oia.osu.edu/units/international-scholars/j-1-visiting-scholars/required-health-insurance/">https://oia.osu.edu/units/international-scholars/j-1-visiting-scholars/required-health-insurance/</a>

This invitation is contingent upon the university's verification of credentials and other information required by law and/or university policies, including but not limited to a domestic and/or international criminal background check.

You will receive an email from <u>iss@osu.edu</u> shortly providing your Temporary ID and password to access your J-1 application in the IntBuckeye Center. Complete all required e-forms and notify your department contact immediately afterwards to finalize your case submission.

I look forward to meeting you and working with you during your visit.

Sincerely,

Name of Sponsor Email of Sponsor