



LAKE SUPERIOR
STATE UNIVERSITY

REQUEST FOR VISA
(Canadian Citizens)

Name: _____

Home Address: _____

Home Telephone Number: _____

Pay Rate: _____

Semester: _____

Course(s) Number & Name	Credits	Day(s)	Time	Begin Date	End Date

Note: Visas can be granted for a maximum of one calendar year so be certain to include all applicable semesters with this request.

Will this individual be teaching the following semester(s)?

- Yes - If known, please complete the following information.
- No

Course(s) Number & Name	Credits	Day(s)	Time	Begin Date	End Date

Return this form to the Human Resources Office with a completed local fund voucher payable to: *Department of Homeland Security, Bridge Plaza, Sault Ste. Marie, MI 49783, for \$56.00.*

Note: This form should be completed and returned to the Human Resources Office three (3) weeks prior to classes beginning.