

**J-1 VISA ACKNOWLEDGEMENT  
UNIVERSITY OF UTAH AFFILIATED HOSPITALS**

I, \_\_\_\_\_, am not a citizen of the United States or a permanent resident of the United States. I understand that, as a resident (intern/fellow) of the University of Utah Affiliated Hospitals, I must have a J-1 visa in order to participate in a residency training program (internship/fellowship). I understand that the University of Utah Affiliated Hospitals will not accept any other type of visa. By signing this form, I acknowledge my understanding of the above requirement, and I agree to obtain a J-1 visa prior to beginning my training at University of Utah Affiliated Hospitals.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Country of citizenship