

## TLS VISITING SCHOLAR APPLICATION

Applications for Visiting Scholar will be reviewed twice a year. Applications must be submitted by February 1 for Fall semester (August –December) and September 1 for Spring semester (January-May).

### (PLEASE PRINT)

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Country and City of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Highest University Degree Earned \_\_\_\_\_ U.S. equivalent to this Degree \_\_\_\_\_

Major/Field of Study \_\_\_\_\_ Year Completed \_\_\_\_\_

Home Institution: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Institution affiliation: Government \_\_\_\_\_ Academic \_\_\_\_\_ Private \_\_\_\_\_

Location of home institution \_\_\_\_\_

Dates of Appointment: \_\_\_\_\_ to \_\_\_\_\_

Permanent Home Country Residential Street Address:

Mailing Address for documents if different from residence:

Have you contacted a TLS Faculty? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Faculty: \_\_\_\_\_

Specific description of research and/or activity to be engaged in:

IF YOUR SPOUSE OR CHILDREN WILL COME WITH YOU, PROVIDE THE FOLLOWING INFORMATION:

- FAMILY NAME, FIRST NAME
- DATE OF BIRTH (MM/DD/YYYY)
- CITY & COUNTRY OF BIRTH
- COUNTRY OF CITIZENSHIP
- RELATIONSHIP TO THE SCHOLAR

### International Applicants Only

Have you participated in a J-1 program within the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

(revised 9/17/2015)