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)