

Visiting Scholar Request Form

Applicant Information

First Name: Last Name: Middle Initial:

Preferred First Name: Prefix: Date of Birth:

Current Email Address: Phone Number:

This must be a non-GW Email.

Current Institution: Country of Current Institution:

Role/Affiliation at Current Institution:

Does this Visiting Scholar have a source of financial support from outside George Washington University?

Yes No

Does this Visiting Scholar have a terminal degree or equivalent, or are they recognized as an expert in their field?

Yes Please list the highest degree completed by the visiting scholar. If they are considered a recognized expert in their field, please provide justification in support of their expertise.

No

Current Street Address:

City: State: Zip Code:

Country (if not US):

Citizenship: U.S. Citizen U.S. Permanent Resident Non-U.S. Citizen

Country of Citizenship (if not U.S.):

Visa Type (if applicable): F-1 J-1 Other:

Past George Washington University Affiliation (if applicable):

Alumnus/a Former Staff Other:

Former Faculty Member Former Student GWid (if applicable):

GW Department Information

Department Name:

Banner Org:

Campus Address:

Field of Study:

Faculty Sponsor:

Faculty Sponsor GWid:

Projects the Visiting Scholar May Work On:

Visiting Scholar's Appointment: Begin Date:

End Date:

1-year initial maximum term with an option of a 1-year extension (totaling 2 years maximum)
Visiting terms that are extended beyond 2 years may be approved with compelling justification.

Approval

In addition to this request form please include a copy of the visitor's CV, a brief overview of research/scholarly project; include why GW was selected for this project, and a description of how they plan to financially support themselves during their visit. If your school/academic unit has additional criteria or vetting requirements for Visiting Scholars, please continue to follow them as usual.

Visiting Scholar requests must be submitted via email to VisitingScholar@gwu.edu.

Faculty Sponsor	Date	Department Chair/Program Director	Date
-----------------	------	-----------------------------------	------

School Dean/ Academic Unit Head	Date	Vice Provost for Faculty Affairs	Date
------------------------------------	------	----------------------------------	------