

Visiting Scholar Request Form

Applicant Information					
First Name:		Last Name:		Middle Initial:	
Preferred First Name:		Prefix:	Date of	f Birth:	
Current Email Address: This must be a non-GW Email.			Phone	Number:	
Current Institution:		Country of Current Institution:			
Role/Affiliation at Current	Institution:				
Does this Visiting Scholar I	nave a source of fina	ncial support from outsic	le Georg	e Washington University?	
Yes		No			
Does this Visiting Scholar I	have a terminal degr	ee or equivalent, or are t	hey reco	gnized as an expert in their field?	
	If they are a recognized expert in their field, please provide written justification in support of their expertise.				
No					
Current Street Address:					
City:	State:		Zip Cod	de:	
Country (if not US):					
Citizenship: U.S. Citizen		U.S. Permanent Resident		Non-U.S. Citizen	
Country of Citizenship (if r	not U.S.):				
Current Visa (<i>if applicable</i>): F-1 Required Visa (<i>if applicable</i>): F-1		J-1 J-1	Other: Other:		
Past George Washington l	University Affiliation	(if applicable):			
Alumnus/a		Former Staff Other:		Other:	
Former Faculty Member		Former Student		GWid (if applicable):	





dw Department information						
Department Name:			Banner Org:			
Campus Address:			Field of Study:			
Requestor:			Requestor GWid:			
Faculty Sponsor:			Faculty Sponsor GWid:			
Projects the Visiting Scholar N	May Work On:					
Visiting Scholar's Term: Begin	Date:	End Da	nte [.]			
1-year initial maximum term with an opt Visiting terms that are extended beyond	ion of a 1-year extension (totalin	ng 2 years maximum)				
			No			
Include Visiting Scholar in Onl	ine Directory?	Yes	No			
Approval	n nlease include a conv	of the visitor's CV	a brief overview of research/sc	cholarly project:		
•	•	-	they plan to financially support			
		criteria or vetting	requirements for Visiting Schol	lars, please		
continue to follow them as usu	aı.					
Visiting Scholar requests must	be submitted via email i	to VisitingScholar	@gwu.edu.			
Faculty Changer	Data	Donartmant Cl	anir/Drogram Director	Data		
Faculty Sponsor	Date	Department Ci	nair/Program Director	Date		
School Dean/ Academic Unit Head	Date	Vice Provost fo	or Faculty Affairs	Date		
Academic Onit Head						