

Visiting Scholar Extension Form

Visiting Scholar Infor	mation						
First Name:		Last Name:		Middle Initial:			
GWid:			GW Email Address:				
Current Email Address This must be a non-GW Email.	::			Phone Number:			
Current Institution:			Country of Current Institution:				
Role/Affiliation at Curi	rent Institution:						
Yes		nued sou	rce of financial :	support from outsid	de George Washington University?		
Current Street Address	S:	_					
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.):						
Current Visa (if applicable):		F-1	J-1	Other:			
Required Visa (<i>if applicable</i>): F-1		F-1	J-1	Other:			
Continued research pr	oiects or new p	roiects th	e Visiting Schol	ar is working on or	will be working on:		





GW Department Information				
Department Name:			Banner Org:	
Campus Address:			Field of Study:	
Requestor:			Requestor GWid:	
Faculty Sponsor:			Faculty Sponsor GWid:	
Visiting Scholar's initial term da	ates:	-		
Is this the first extension for th If No please list all previ	_	Yes	No	
Visiting Scholar's Extension: Be 1-year initial maximum term with an optio Visiting terms that are extended beyond 2	n of a 1-year extension (totaling		End Date:	
Include Visiting Scholar in Onlin	ne Directory?	Yes	No	
Approval				
In addition to this request form include why GW was selected for their visit. If your school/acaden continue to follow them as usua	or this project, and a des nic unit has additional c	cription of how t	hey plan to financially support	themselves during
Visiting Scholar extension reque	sts must be submitted v	ia email to Visiti	ngScholar@gwu.edu.	
Faculty Sponsor	Date	Department Ch	air/Program Director	Date
School Dean/ Academic Unit Head	Date	Vice Provost fo	r Faculty Affairs	Date