

Visiting Scholar Request Form

Applicant Information				
First Name:		Last Name:		Middle Initial:
Preferred First Name:		Prefix:	Date of Birth:	
Current Email Address: This must be a non-GW Email.			Phone Number:	
Current Institution:		Countr	y of Current Institution:	
Role/Affiliation at Curre	ent Institution:			
Does this Visiting Schol	ar have a source of finar	ncial support from outsid	e George Washington Un	iversity?
Yes		No		
Does this Visiting Schol	ar have a terminal degre	e or equivalent, or are t	ney recognized as an expe	ert in their field?
Yes	If they are a recognized their expertise.	l expert in their field, ple	ase provide written justif	ication in support of
No				
Please note: If the Visit process with the Intern	-	a visa, the Hosting Acade	mic Unit is responsible fo	r coordinating the visa
Current Street Address	:			
City:	State:		Zip Code:	
Country:				
Past George Washingto	on University Affiliation (if applicable):		
Alumnus/a		Former Staff	Other:	
Former Faculty Member		Former Student	GWid (if applica	ble):



Department or Unit Name:			Campus Address:			
Requestor:			Requestor GWid:			
Faculty or Staff Sponsor:			Faculty or Staff Sponsor GWid:			
lay Work On:						
Date:	E	nd Date:				
•						
ne Directory?	Yes	No				
or this project, ar	nd a description of	how they plan to fina	ncially support themselves during			
ne submitted via	email to VisitingSo	holar@gwu.edu.				
Date	Department Chai	r/Program Director	Date			
Date	Vice Prov	ost for Faculty Affairs	Date			
	Date: on of a 1-year extension of years may be approve ne Directory? please include a or this project, ar mic unit has addit only. Date Date	Date: E on of a 1-year extension (totaling 2 years maxime 2 years may be approved with compelling justification of the project, and a description of the mic unit has additional criteria or veral. Date Department Chain	Requestor GWid: Faculty or Staff Sponsor lay Work On: Date: End Date: On of a 1-year extension (totaling 2 years maximum) 2 years may be approved with compelling justification. Ine Directory? Yes No please include a copy of the visitor's CV, a brief overview for this project, and a description of how they plan to final mic unit has additional criteria or vetting requirements for all. Date Department Chair/Program Director			