

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)