



Office of Research
 Suite 344 Gzowski College – Symons Campus
 Peterborough, Ontario, Canada K9J 7B8
 705.748.1011 x7245

Application for Visiting Scholar Status

Family name of applicant	Given name and initial(s)	Datatel Number (Office use only)
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ADDRESSES

Current address	Permanent mailing address (if different than current address)	Emergency contact address
Current telephone	Permanent address telephone	Emergency contact telephone
If current address is temporary, indicate leaving date	Facsimile number	Email address

CITIZENSHIP

☐ Canadian Citizen	☐ Permanent Resident of Canada	☐ Other:
Social Insurance Number	Indicate date of landing as per FORM IMM 1000	Indicate Country of citizenship

SIGNATURE

I hereby agree that any award/appointment made to me as a result of this application will be subject to the general conditions governing post doctoral fellowships as outlined in the document, *TRENT UNIVERSITY: POLICY ON POSTDOCTORAL FELLOWS & VISITING SCHOLARS*.

 Applicant's Signature

 Date

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ACADEMIC NATURE OF APPOINTMENT (To be completed by Department/Program Chair)		
Please outline the proposed academic nature of the appointment including details of fellowships, research assistantships, and/or part-time teaching positions:		
DESCRIPTION OF ACADEMIC SUPPORT (to be completed by Department/Program Chair)		
Please provide information re: the level of academic support to be provided by the host department/program (secretarial/technical assistance, office space, telephone, fax, photocopying, etc.		

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REQUEST FOR ACCESS TO UNIVERSITY SERVICES

Computer Account ☐ Library Privileges ☐

College Affiliation(please indicate preference):

*Please note that athletic and parking privileges are available at a cost to visiting scholars. Please indicate your interest in such services when registering with the Office of Research.

**Please note that ALL foreign visiting scholars must secure UHIP Health Insurance and provide details re: coverage from their host institution.

PROPOSED PLAN OF RESEARCH

Please provide a description of the proposed plan of research including anticipated collaborations and publications:

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CONFIRMATION OF DURATION OF VISITOR STATUS		
Starting Date of Visit:	Final Date of Visit:	
CONFIRMATION OF FINANCIAL SUPPORT		
EXTERNAL: Please provide details specific to External Financial Support (including grant reference numbers, start date of funding, and any special terms and conditions related to external awards)		
INTERNAL: Please provide details specific to Internal Financial Support (including account numbers, etc)		
ATTACHMENTS (Attachments must be submitted with application)		
☐ Letter of Support signed by Department/Program Chair ☐ Letter of Support signed by Collaborator(s) ☐ Curriculum Vitae ☐ Copy of Visa/Permit		
SIGNATURES		
_____ Visiting Scholar _____ Date		
_____ Collaborator(s) _____ Date		
_____ Department/Program Chair _____ Date		
APPROVAL		
_____ Associate Vice-President of Research _____ Date		