



Office of Research and Innovation

Suite 344 Gzowski College –
Symons Campus Peterborough,
Ontario, Canada K9J 7B8
705.748.1011 x7050

**Application for Foreign
Visiting Scholar**

Worker Information:

Family Name: _____ Given Name: _____

Gender: _____ Date of Birth (DD/MM/YY): _____

Country of Birth: _____

Country of Residence: _____

Citizenship(s): _____ Passport #: _____

Job Offer Details:

Job Title: _____ Datatel #:¹ _____

Start Date (DD/MM/YY): _____ End Date (DD/MM/YY): _____

Expected Duration of Employment: _____ NOC Code:² _____

Address: _____ Office Number: _____

Postal Code: _____ City: _____ Province: _____

Supervisor Information:

Name: _____ Email: _____

Address: _____ Office Number: _____

Postal Code: _____ City: _____ Province: _____

Phone Number: _____ Fax Number: _____

Minimum Education Requirements:

¹ For office use only

² National Occupation Classification Code

Main Duties of Job:

Other Training Required:

Experience and Skills required to complete the job duties:

Provincial/Federal certification, licensing or registration requirements for the job:

Wage and Benefits:

Type of Wage

Hourly Hourly Wage: \$ _____ Salaried Annual Salary: \$ _____

Any Overtime Pay: Yes No If Yes, Rate: _____

Starts after how many Hours: _____ Seasonal Position: Yes No

Hours of work

Per Day: _____ Per Week: _____ Per Month: _____

Vacation % of Wage Days in Lieu # of Days' Vacation

Alternative Compensation Scheme (if applicable):

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Benefits Offered? Details:

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There is a fee assessed by the government for these offers (\$230). Please Provide an Account number for the charge below:

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Emergency Contact Information:

Emergency Contact Address:	
Emergency Contact Telephone #:	

Academic Nature of Appointment

To be completed by Department/Program Chair

Please outline the proposed academic nature of the appointment including details of fellowship, research assistantship, and/or part-time teaching positions:

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Proposed Plan of Research

Attachments (attachments must be submitted with the application)

- Letter of Support signed by Department/Program Chair
- Curriculum Vitae
- Copy of Visa/Permit³

Signatures

Visiting Scholar

Date

Collaborator(s)

Date

Approval

Vice-President, Research and Innovation

Date

³ The copy of the Visa/Permit may be submitted upon arrival at Trent University