



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**

All fields in this form must be filled out before submission. If not applicable, please write N/A.

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: _____

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

Expected Duration of Employment: _____ NOC Code:¹ _____

Address: _____ Office Number: _____

Postal Code: _____ City: _____ Province: _____

Supervisor Information:

Name: _____ Email: _____

Address: _____ Office Number: _____

Postal Code: _____ City: _____ Province: _____

Phone Number: _____

Minimum Education Requirements:

¹ National Occupation Classification Code

Main Duties of Job (please complete this box even if this is unpaid appointment):

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: \$² _____

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: _____

² Legislated benefits are 11.52%, and vacation is 4% [or 6% if greater than 5 years' of University service]. The salary entered above is the cost before vacation and legislative benefits. Please account for these mandatory expenses in your budget.

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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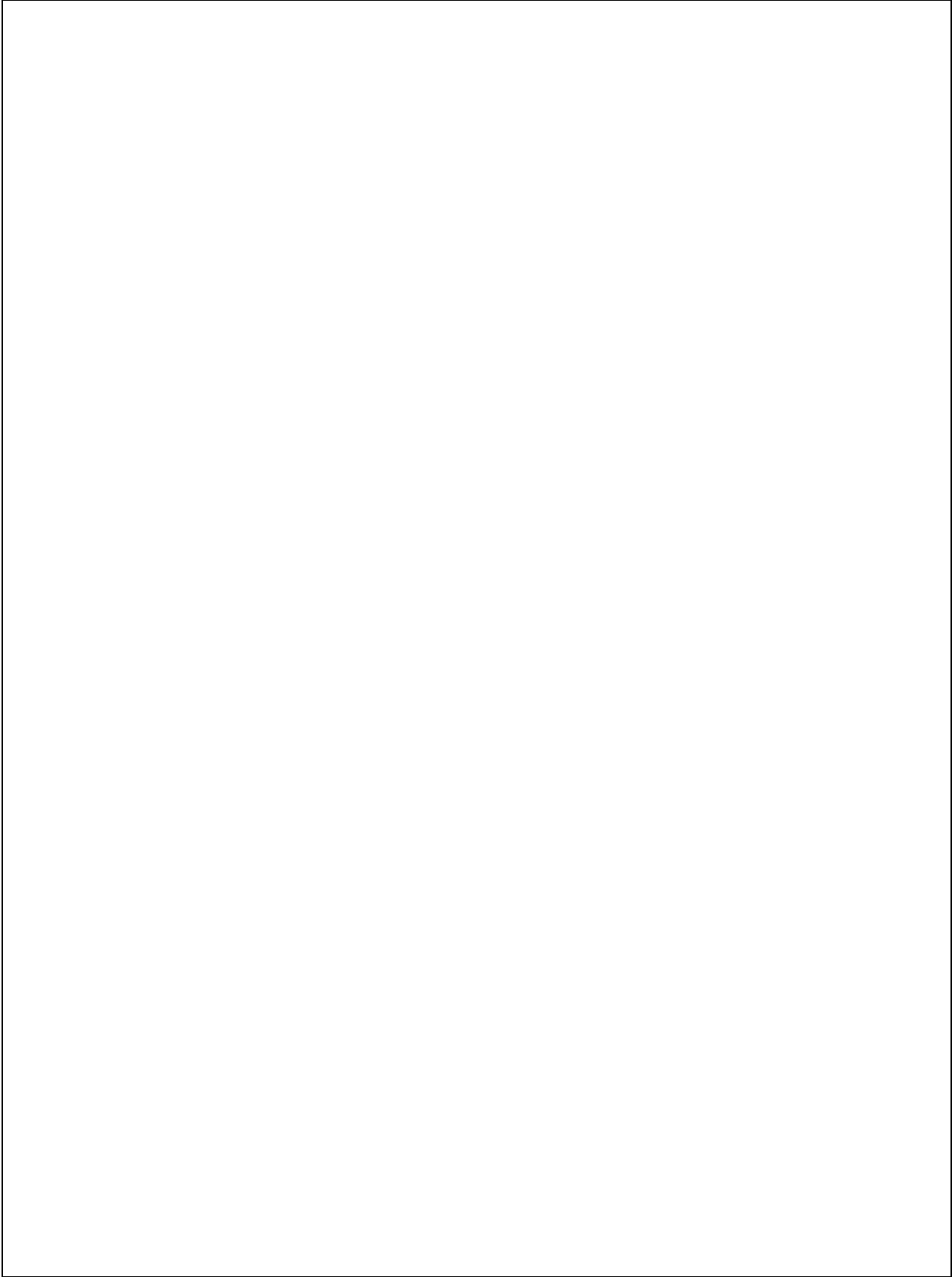
Emergency Contact Information:

Emergency Contact Address:	
Emergency Contact Telephone #:	

Academic Nature of Appointment:

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

Proposed Plan of Research:

A large, empty rectangular box with a thin black border, intended for the user to write their proposed plan of research. The box occupies most of the page below the section header.

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
_____	_____
Supervisor(s)	Date

Approval

_____	_____
Vice-President, Research and Innovation	Date

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