



**Office of Research
and Innovation**
Suite 344 Gzowski College –
Symons Campus Peterborough
Ontario, Canada K9J 7B8
705.748.1011 x7866

**Application for
Visiting Scholar**

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

Visiting Scholar Information:

Family name: _____ Given Name: _____

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

Address: _____

Postal Code: _____ City: _____ Province: _____

Social Insurance Number: _____ If current address is temporary
Indicate leaving date: _____

Phone number: _____

Job Offer Details:

Job Title: _____

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

Expected Duration of Employment: _____

Address of Primary
Physical Job Location: _____

Postal Code: _____ City: _____ Province: _____

Supervisor Information:

Name: _____

Address: _____ Office number: _____

Postal Code: _____ City: _____ Province: _____

Phone Number: _____ Email: _____

Minimum Education Requirements:

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: \$ _____

Total Annual Salary Cost¹: \$ _____

Any Overtime Pay:

Yes

No

If Yes, Rate: _____

Starts after how many Hours: _____

Hours of work:

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

¹ Legislated benefits are 10.46%, and vacation is 4% [or 6% if greater than 5 years' of University service]. The Annual Salary is the cost before vacation and legislative benefits. Please account for these mandatory expenses in your Total Annual Salary Cost. Use Excel file: 'Research Personnel Salary Calculation Template' to aid in salary budget calculation.

Alternative Compensation Scheme (if applicable):

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Benefits Offered? Details:

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Emergency Contact Information:

Emergency Contact Name:	
Emergency Contact Address:	
Emergency Contact Telephone #:	

Academic Nature of Appointment:

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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Confirmation of space allocation:

Office space is required.²

Office space is not required.

² Supervisors should contact the Dean's Office/Science Facilities if they are requesting office space for this appointment.

Proposed Plan of Research:

Attachments (attachments must be submitted with the application)

Letter of Support signed by Department/Program Chair

Curriculum Vitae

Informed Consent Waiver (unpaid positions only)

Signatures

Visiting Scholar

Date

Supervisor(s)

Date

Approval

Vice-President, Research and Innovation
or Authorized Representative

Date
