

## Office of Research and Innovation

Application for Visiting Scholar

Suite 344 Gzowski College – Symons Campus Peterborough Ontario, Canada K9J 7B8 705.748.1011 x7866

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): \_\_\_\_\_ 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:** Address: \_\_\_\_\_ Office number: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_ Province: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_ **Minimum Education Requirements:**

			Per Month:  greater than 5 years' of University service]
	Hou	rs of work:	
Starts after how many Hours			-
Any Overtime Pay: Yes	No		If Yes, Rate:
		T	otal Annual Salary Cost <sup>1</sup> : \$
Hourly Hourly Wage: 9	s	Salaried	Annual Salary: \$
Wage and Benefits:	Туре	e of Wage:	
Provincial/Federal certit	ication, licens	ing or regis	stration requirements for the job:
Experience and skills re	quired to com	plete the jo	ob duties:
Other training required:			

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 Schen	ne (if applicable):
Benefits Offered? Details:	
Emergency Contact Information	on:
Emergency Contact Name:	
Emergency Contact Address:	
Emergency Contact Telephone #:	
Emergency Contact relephone #.	
A contracts Net on a CA contract	
Academic Nature of Appointm	
research assistantship, and/or part-	mic nature of the appointment, including details of fellowship, time teaching positions:
Confirmation of space allocate	ion:
Office space is secured. <sup>2</sup>	
Office space is not required.	

 $<sup>^2</sup>$  Supervisors should contact the Dean's Office/Science Facilities if they need assistance securing office space for this appointment.

F	Proposed Plan of Research:					
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## Attachments (attachments must be submitted with the application)

	Letter of Support signed by Department/Program Chair				
	Curriculum Vitae				
	Informed Consent Waiver (unpaid positions only)				
Signa	tures				
/isiting	Scholar	Date			
Superv	isor(s)	Date			
Appro	oval				
/ioo Dr	resident Descoupe and Investment	D. f.			
	esident, Research and Innovation r Authorized Representative	Date			