

Office of Research and Innovation

Application for Foreign 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): _____ Country of Birth: _____ Country of Residence: ____ Citizenship: _____ Passport #: _____ Job Offer Details: Job Title: Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____ Expected Duration of Employment: _____ NOC Code:¹ _____ **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:**

¹ National Occupation Classification Code: https://noc.esdc.gc.ca/

Main duties of job (please complete this box even if this is unpaid appointment):						
Other training required:						
Experience and skills req	uired to comp	olete the jo	ob duties:			
Drovincial/Endoral cortific	otion licensi		atration requirements for the job.			
Provincial/Federal Certific	ation, licensi	ng or regis	stration requirements for the job:			
Wage and Benefits:	Туре	of Wage:				
Hourly Hourly Wage: \$_		Salaried	Annual Salary: \$			
Hourry Wage. \$_		Salarieu	Amidai Galary. V			
		T	otal Annual Salary Cost ² : \$			
Any Overtime Pay: Yes	No		If Yes, Rate:			
Starts after how many Hours:			-			
	Hours	of work:				
Per Day:	Per Week:		Per Month:			

² 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 Schen	ne (if applicable):
Benefits Offered? Details:	
Emergency Contact Information	on:
Emergency Contact Name:	
Emergency Contact Address:	
Emergency Contact Telephone #:	
Please outline the proposed acader research assistantship, and/or part-	mic nature of the appointment, including details of fellowship time teaching positions:
Confirmation of space allocation	ion:
Office space is secured.3	
Office space is not required.	

³ 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	Letter of Support signed by Department/Program Chair							
Curriculum Vitae	Curriculum Vitae Copy of Visa/Permit ⁴							
Copy of Visa/Perr								
Informed Consent	t Waiver (unpaid positions	only)						
Signatures								
Visiting Scholar		Date						
Supervisor(s)		Date						
Approval								
Vice-President, Research or Authorized Repre		Date						

⁴ The copy of the Visa/Permit may be submitted upon arrival at Trent University