



**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:

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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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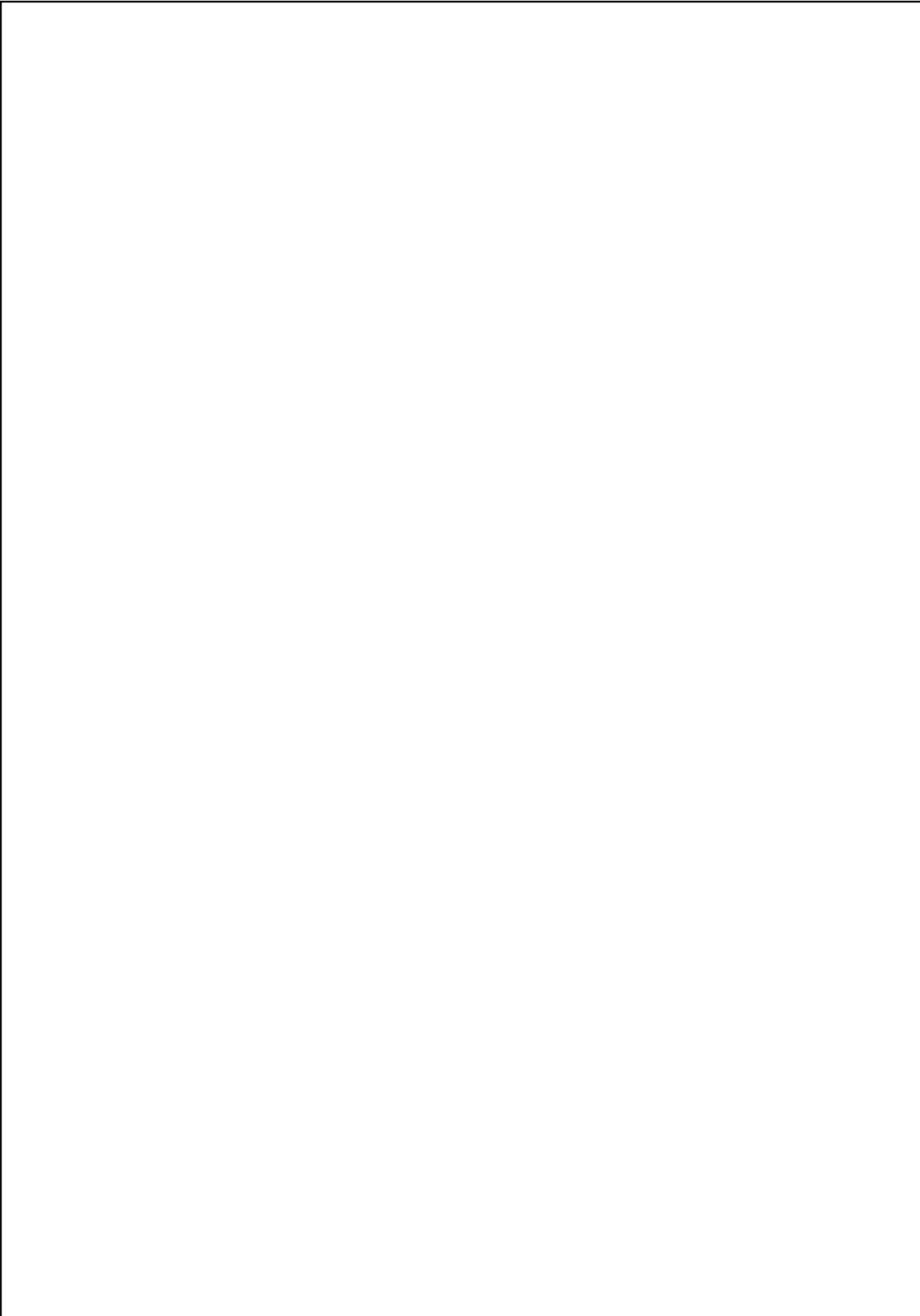
Confirmation of space allocation:

Office space is requested.²

Office space is not requested.

² Supervisors should contact the Dean's office/Science Facilities if they are requesting office space for this appointment. Office space is not guaranteed for assignment nor for the duration of the appointment.

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 header.

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
