**Visiting Faculty Application Form**

Please complete this form (both pages) and send it to the Department/School you are visiting for approval. A scanned copy via email is acceptable.

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| **1.** | **YOUR PERSONAL INFORMATION** | | | | | | | | |
|  | FIRST NAME: | |  | | | LAST NAME: | | |  |
| CITIZENSHIP: | |  | | | DATE OF BIRTH: | | |  |
| HOME INSTITUTION: | | |  | | | | | |
| POSITION/RANK: | | |  | | | | | |
| MAILING ADDRESS: | | |  | | | | | |
| PHONE: |  | | | EMAIL: | | |  | |
| **2.** | **YOUR RESEARCH BACKGROUND** | | | | | | | | |
|  | 2-a) Please provide a brief description (in non-technical terms) of your areas of research interest and expertise. | | | | | | | | |
| 2-b) Please attach an updated Curriculum Vitae to this application.  YES  NO | | | | | | | | |
| **3.** | **YOUR VISIT TO THE UNIVERSITY OF BRITISH COLUMBIA (UBC), FACULTY OF EDUCATION** | | | | | | | | |
|  | 3-a) Why do you want to visit the UBC Faculty of Education? | | | | | | | | |
| 3-b) Is there a faculty member in the UBC Faculty of Education who will host your visit? If yes, please provide his/her name and the Department/School he/she belongs to. If not, please visit our website at <http://lled.educ.ubc.ca/people/faculty/> for a full directory of our faculty members and link with those who have similar research interests and who might be able to serve as your host. | | | | | | | | |
| 3-c) How long do you plan to visit UBC and what are the tentative dates? | | | | | | | | |
| 3-d) What do you plan to do during your visit? | | | | | | | | |
| 3-f) What resources will you require while visiting UBC (*e.g., shared office space, internet connection, library access*)? Please note that we will not be able to provide equipment and other supplies (e.g., laptops). | | | | | | | | |
| 3-g) Visiting faculty members are usually expected to give a lecture or host a seminar during the visit. Please provide a title and abstract of a lecture/seminar that you are willing to provide. | | | | | | | | |
| **4.** | **SIGNATURES** | | | | | | | | |
|  | Applicant’s Signature: | | | | | | Date of Application: | | |
| Hosting Faculty Member’s Signature: | | | | | | Date of Agreement: | | |
| Department Head/School Director Signature: | | | | | | Date of Approval: | | |