Visiting Scholars Request Form (research only)

Office of the Vice-President (Research and International)



Type of Appointm Visiting Profess (holds rank at another	or Visiting Scholar	visiting Student Researcher (Enrolled at another institution)
Appointee Inform	ation:	
PLEASE ATTACH A CU	JRRENT CV	
Or. OMr. O		Date of birth*
Full Name (per passport)		Gender** Prefer not to disclose Prefer no
Address		** Gender is required to generate a Carleton University computer account,
		Immigration
City	Province	Canadian Citizen OR Permanent Resident? Yes No
Postal code	Country	If No, Country of Citizenship
Telephone		If No, Status in Canada
Email		If "Other," please specify
Home University/Institu	ution	
Start and end dates of	leave from home University/Institution	
Other current Carleton	appointments (e.g. Contract Instructor	
Appointment info	rmation:	
Work start date		Work end date
Academic Unit		Faculty
Faculty host(s):		
Name	Dept	t/Academic unit
Name	Dep ^s	t/Academic unit
	of all arrangements between the departr	ment/academic unit and visitor, such as monetary assistance, salaries, equipment, ecific arrangements made to support this appointment:
Please check, as ap	oplicable: Office space is avai	ilable Research space available Campus card required
Method of Payment	/Funding:	
☐ No payment from	n Carleton University	
Carleton research	n funding; payment is made from a re	esearch account*
	(e.g. agencies, grants or personal)	
☐ Other		
*Confirmation from fund	d administrator in Research Accounting mu	ust be attached

Request for Letter of Invitation for Visiting Appointees

Office of the Vice-President (Research and International)



Activities:			
The Visiting App	ointee will be engaged in:		
Conducting	g Research. Please include a brief description of rese	earch while at Carleton University (req	juired).
Othor Activitio	os Plazca includa a brief description of other activiti	os while at Carloton (if applicable)	
Other Activitie	es. Please include a brief description of other activiti	es wrille at Carleton (II applicable)	
In what w	ays will your research make a contribution to your f	ield (not required).	
equested by:			
Requested by:	Faculty Member Host (print name)	(signature)	(date)
equested by:	Faculty Member Host (print name)	(signature)	(date)
equested by:			
-	Faculty Member Host (print name) Faculty Member Host (print name)	(signature)	(date)
ecommended			
ecommended y: _			
ecommended y: _	Faculty Member Host (print name)	(signature)	(date)
Requested by:	Faculty Member Host (print name) Chair/ Director (print name)	(signature) (signature)	(date)
ecommended y: _ ecommended	Faculty Member Host (print name)	(signature)	(date)
ecommended y: _ ecommended	Faculty Member Host (print name) Chair/ Director (print name)	(signature) (signature)	(date)
ecommended y: _	Faculty Member Host (print name) Chair/ Director (print name) Dean/University Librarian (print name)	(signature) (signature)	(date)

All visiting appointment must comply with the <u>Visiting Appointments Policy</u>.

For appointments of Visiting Professors or Scholars conducting teaching and research: Please use the online form here: https://i.carleton.ca/provost/honorary-and-affiliated-ranks/.

Note: The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R. S. O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.