



## Visiting Scholar Application Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (month/date/year): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Country of Currency Residence: \_\_\_\_\_

Country of Permanent Residence (if different from above): \_\_\_\_\_

Email address: \_\_\_\_\_

Current professional title and institutional affiliation: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Births: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Gender: \_\_\_\_\_ Proposed dates of stay \_\_\_\_\_

Intended funding source, if applicable: \_\_\_\_\_

Will you need a visa? YES  NO

Please tick the boxes to confirm your understanding of the following statements:

*I understand that, if approved as a CIHE visiting scholar, I will not receive any remuneration or other financial support from Boston College. I also understand that I am responsible for my own travel arrangements and for securing – and paying for – my own accommodation in Boston.*

*I understand that, if I require a visa, I will need to pay a one-time fee of \$125.00 to the Boston College Office of International Students and Scholars.*