

# Application for Authorization of Visiting Scholar

## Personal Information

Full Name:

\_\_\_\_\_

*Last* *First* *Middle (not required)*

Address:

\_\_\_\_\_

*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State/province* *or* *Country* *ZIP/postal code*  
Enter "none" if there is no zip/postal code.

Please circle one: *Domestic or International*

Email Address:

\_\_\_\_\_

*Date of birth:*  
*(mm-dd-yyyy)*

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

*Visa type:*  
*(required if assigned)*

\_\_\_\_\_

*Social Security number:*  
*(if applicable)*

\_\_\_\_\_

*Gender:*

*Female*

*UMID #:*  
*(required if assigned)*

\_\_\_\_\_

*Male*

### Requested period of authorization as visiting scholar

*Start date:*  
*(mm-dd-yyyy)*

\_\_\_\_\_

*End Date:*  
*(mm-dd-yyyy)*

\_\_\_\_\_

Scholar Type

*Domestic*

*International J-1 Needed, Yes or No*

**Is the UM sponsor providing a stipend or other financial support to the visiting scholar?**

Yes (if yes, not available for VS title. (Contact HR for appropriate title). Describe work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No

**Please check all items the visiting scholar will need during their time here**

Library

UMID

Office

Internet Access

Parking Pass

Other \_\_\_\_\_

## UM Sponsor Information

Contact/  
Department: \_\_\_\_\_

### Endorsement for visiting scholar:

- "By checking this box, I endorse this application and certify that the Visiting Scholar named above is actively pursuing a formal program of research that is of mutual interest, and give my approval for the University Library to grant borrowing privileges to this person. I confirm that the Visiting Scholar will be working under the auspices of my department or program, and therefore is affiliated with the academic activities of the University for the stipulated period of appointment. I also give consent for the Visiting Scholar named above to have access, with payment of appropriate fees, to computer facilities. Likewise, the corresponding department / program will, if necessary, provide office space for the Visiting Scholar.

Unit Chair/  
Director name: \_\_\_\_\_

Approved by  
Chair/Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm-dd-yyyy)

Approved by  
Deans Office \_\_\_\_\_ Date: \_\_\_\_\_  
(mm-dd-yyyy)