

APSU Addendum to Host International Visiting Scholars

Addendum

Visiting Scholar:

Last Name _____ First Name _____

Host Faculty:

Last Name _____ First Name _____

I:

Amount of Financial Support required by APSU _____

Specific purpose (such as Housing) _____

FOAP to be charged for this expense _____ - _____ - _____ - _____

Name of person responsible for FOAP: _____

Signature: _____ Date: _____
Person responsible for FOAP

II:

Amount of Financial Support required by APSU _____

Specific purpose (such as Housing) _____

FOAP to be charged for this expense _____ - _____ - _____ - _____

Name of person responsible for FOAP: _____

Signature: _____ Date: _____
Person responsible for FOAP