

APSU Request to Host International Visiting Scholars

I: FACULTY HOST INFORMATION	
Last Name	First Name
Department	P.O. Box
Email	Phone(s)
II: VISITING SCHOLAR INFORMATION	
Last Name	First Name
Home Institution	
Academic Rank/Position	Academic Field
Duration of Visit to	(estimated date of arrival and departure)
Financial Resource: Host Department \$	Visiting Scholar's Government\$
Visiting Scholar's Home Institute \$	Other \$
Please specify the source	
Does this arrangement require any financial su	ipport from APSU? Yes No
If yes, please attach an addendum.	
 VISIT INFORMATION Please attach a letter with Letter explaining the purpose of the schola Visiting scholar's CV Proposed academic activities while at APSU 	ar's visit
VI: APPROVALS	
Department Chair	Date Signature
College Dean	Date
Print Name Provost	Signature Date
Print Name	Signature Date

Office of Study Abroad and International Exchange

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