



U.S. Citizen or Permanent Resident Scholar Form

*PLEASE COMPLETE THE FOLLOWING:*

Host Department supervisor:

Phone:

Email:

1. Visitor's full legal name
2. Surname/family name:
  - Given name/first name:
  - Middle name:
  - (suffix, if any; ie, junior, II, III, etc):
2. Male \_\_\_\_\_ Female \_\_\_\_\_
3. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
U.S. Citizen:  U.S. Permanent resident:
4. Visitor's permanent home mailing address, phone number, and email address:  
Address:  
  
Phone:  
Email:
5. Position in home country: \_\_\_\_\_  
Employer (or name of university): \_\_\_\_\_
7. Specific field of research, or area of professional activity:
8. Please state the program activities by the Scholar while at the University of West Georgia:
11. Period of stay requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm /dd/yyyy) to: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm /dd/yyyy)
12. The funding for this Scholar will be provided by (please check all that apply):
  - A. \_\_\_\_\_ University of West Georgia

Amount of funding: \_\_\_\_\_

Funds provided by (dept./college): \_\_\_\_\_

Source of funding (grant/agency): \_\_\_\_\_

*\*NOTE: If the visitor will engage in teaching/lecturing where wages or other remuneration are involved, please provide a letter from the visitor's department head or supervisor recommending the exchange visitor's activity and explain how it will enhance the exchange visitor's program. The department head or supervisor must also provide a letter setting forth the terms and conditions of the offer to lecture or consult, including the duration, number of hours, field/subject, amount of compensation, and description of the exchange visitor's activity.*

B \_\_\_\_\_ Another organization providing support

Amount of funding: \_\_\_\_\_

Source of funding (name of organization): \_\_\_\_\_

13. Site(s) of exchange visitor activity: \_\_\_\_\_  
(include address) \_\_\_\_\_

17. **SPONSOR VERIFICATION:** As the Department Sponsor of this Scholar, I hereby attest that the information provided in this application is correct to the best of my knowledge. I further confirm that I and my institution will fulfill all responsibilities associated with hosting this Scholar, including providing pre-arrival and orientation information to the Scholar participant as well as providing adequate support services to the Scholar.

DEPARTMENT CHAIR:

(signature)

Date:

COLLEGE DEAN:

(signature)

Date:

Provost and VPAA

(signature)

Date

President

(signature)

Date

Vice President for Business & Finance  
(signature)

Date

Please attach the Curriculum Vitae of this scholar.

- A. Describe the context of the proposed visiting scholar program including the following information:
1. Summary of the purpose of visit of this scholar.
  2. Summary of the arrangements for this scholar.
- B. What are arrangements at UWG to provide the visiting scholar with office space and computer access?
- C. Are there any specific equipment requirements for the visiting scholar?
- D. What are the academic, teaching and presentation expectations for the visiting scholar?
- E. What arrangements have been made for their housing needs, transportation needs (if applicable), and meals.

Please return this completed form to:

Dr. Myrna Gantner, VPAA Office

University of West Georgia

Carrollton, GA 30118

Phone: 678-839-6445, Email: [mgantner@westga.edu](mailto:mgantner@westga.edu)