**Application for Authorization of Visiting Scholar Status (Page 1 of 3)**

**Last name:**  *For International Visiting Scholars –*

 *Name on Application Form must*

**First name: ** *match the name on passport.*

**Middle name:** (not required) ****

Permanent mailing address:

**Street Address: **

**City: **

**State/province:** (if country is United States or Canada) ****

**Zip/postal code:** (Please enter “none” if there is no zip/postal code.) ****

**Country: **

**Local (U.S.) mailing address:**

**Street Address: **

**City: **

**State/province:** (if country is United States or Canada) ****

**Zip/postal code:** (Please enter “none” if there is no zip/postal code.) ****

**Visiting Scholar Identification Information:**

**Gender:**

 ****

 ****

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

**Country of citizenship: **

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

**Visa sponsor:** (UM/other name) (required if visa type is not blank *and* is not a “B1”/“B2”/“PR”)

**UM ID #:** (required if assigned) ****

**Highest degree earned: **

**Home university/place of employment: **

**Job title at home university/place of employment: **

**Academic discipline or field of specialization:**

****

**Is this application a renewal?:**

 ** **

 ****

**Requested period of authorization as visiting scholar:** (no less than 1 month *and* no more than 1 calendar year)

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

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

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

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**UM Sponsor Information:**

**Sponsoring department/unit: **

**Sponsoring school or college: **

**Faculty sponsor name: **

**Faculty sponsor title: **

**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, a recreational pass, and parking privileges.”

**Unit chair/director name: **

**Unit chair/director unique name: **

**UM Unit Administrative Contact Information:**

**Unit administrative contact name: **

**Unit administrative contact unique name: **

**Unit administrative contact phone number: **

**Unit administrative contact campus address:**

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