TEXAS CHRISTIAN UNIVERSITY

REQUEST FOR VISITING SCHOLARS

Please complete this form, attach a copy of the recommendation for appointment and forward to the Dean's Assistant in your unit/college)

( ) male
Visitor's Name: _____ ( )female
(last) (first) (middle)

Visitor's email address: _____

Visitor's SSN _____ (required for salary/honorarium payment for services)

Visitor's Current mailing address and telephone number:

_____

_____

_____

US Citizen: Yes No *(Circle one, if not citizen this is not the correct form – contact Susan Campbell)*

Dates for TCU appointment/visit will be from: _____ to _____

The specific field of study, research, or professional activity **at TCU** will be: _____

_____

Financial support provided **by TCU** for Visitor is: $_____

Remarks: _____

Signature: _____ _____
(date)

TCU Unit/Department:_____

Dean's approval: _____ _____
(date)

Approved by PC 11-14-13