

HUNTER COLLEGE VISITING SCHOLAR APPOINTMENT FORM
Applications for Visiting Scholars submitted to The Office of the Provost (E1701)

Applicant Name:	Faculty Sponsor:
Home Institution:	Hunter College Department/Office Affiliation
Mailing Address:	Start Date: End Date: (Appointment not to exceed one academic year)
Department:	Title at Home Institution:

Specific Requests

- Library Privileges _____
- Hunter ID Requested _____

I certify that information given here is true and complete to the best of my knowledge, and that the attached curriculum vita is up-to-date. I understand that this application is not intended to be a contract of employment. In the event of approval, I understand that false or misleading information given in my application or interview(s) may result in termination of my visiting scholar status at Hunter College. I understand, also, that I am required to abide by all rules and regulations of the College.

VISITING SCHOLAR SIGNATURE

Name _____ Date _____

FACULTY SPONSOR SIGNATURE

Name _____ Date _____

APPROVALS

Department Chair/Dean: _____ Date: _____

Provost's Office Use Only

Reviewed and Approved for the Provost: _____ Date: _____

Please attach candidate cv and letter of recommendation from faculty sponsor. Letter must provide brief description of activities and/or proposed research to be performed at Hunter College. If human subjects or animals are utilized, usual requirements for Institutional Review Board (IRB) prevail.

This form is not to be used for teaching appointments.