Application for Visiting International Scholar

Department of Organizational Leadership, Policy, and Development • College of Education and Human Development • University of Minnesota

This application should be completed in accordance with the Visiting International Scholar policies explained on the OLPD website at www.cehd.umn.edu/olpd/people/visiting-scholar.html and submitted by March 15.

Please print or type your information. List your name exactly as it appears on the passport for yourself and any family members who might accompany you.

PERSONAL INFORMATION (Important: List your name as it appears on your passport)

Last Name (surname): ______________________________________

First Name: ___________________________________________ Gender: ☐ Male ☐ Female

Middle Name (if applicable): __________________________________ Date of Birth (mm/dd/yyyy): ______________________

Place and Country of Birth: __________________________________

Country of Legal Permanent Residence: _________________________

Current Address: __________________________________________

Email: ___________________________________________________ Skype: ________________________________

Home Phone: ____________________________________________ Cell Phone: _____________________________

FAMILY MEMBERS

If you are invited to the department as a visiting scholar, do you intend to bring other family members? ☐ Yes ☐ No

Please list their name, relationship (e.g., husband, wife, son, daughter) and age of any children:

Name: __________________________________ Relationship: ___________ Age (if child) _____

Name: __________________________________ Relationship: ___________ Age (if child) _____

Name: __________________________________ Relationship: ___________ Age (if child) _____

Name: __________________________________ Relationship: ___________ Age (if child) _____

CONTACT IN HOME CITY OR COUNTRY IN CASE OF EMERGENCY

Name: _____________________________________________________

Relationship to You: _________________________________________

Address: ___________________________________________________

______________________________________________________________

Email: _____________________________________________________ Skype: ________________________________

Home Phone: ____________________________________________ Cell Phone: _____________________________

Work Phone: ______________________________________________ Fax: _________________________________
ACADEMIC BACKGROUND AND EMPLOYMENT (Please send a current vitae with your application)

Doctorate degree or equivalent: ___________________________ Date acquired: ________________________

Name and Location of Institution: ________________________________________________________________

Major Field(s) of Study: ______________________________________________________________________

Title of Current Position of Employment: __________________________________________________________

Institution/Organization of Employment: __________________________________________________________

Address: ___________________________________________________________________________________

Work Phone: _______________________________ Fax: _______________________________

ACADEMIC PROPOSAL

If accepted, what are the preferred dates for attendance?

Proposed Start Date (mm/dd/yyyy): __________________________ through End Date: (mm/yyyy): ______________

Describe your goals for the period you intend to visit? (Respond on a separate sheet of paper, if preferred)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Proposed activities to meet the stated goals (check all that apply):

☐ Conduct research on my own project. Topic: ______________________________________________________

☐ Conduct research with a department faculty member in the area of: ________________________________

☐ Utilize University of Minnesota library resources

☐ Attend courses (with instructor approval)

☐ Teach or co-teach courses relevant to my area of expertise (with Department chair approval)

☐ Present research to department, college, and/or other University colleagues

☐ Other (please specify): _____________________________
DEPARTMENT FACULTY MENTOR

To be accepted as a Visiting International Scholar, an OLPD faculty member must agree to serve as your Department Faculty Mentor. A Department Faculty Mentor is someone who agrees to provide guidance to you on your research project and other academic related work while you are at the University of Minnesota.

Have you identified an OLPD faculty member who seems to be a good match for your area of interest and who might serve as your Department Faculty Mentor?

☐ No, I am asking the Department to identify a potential Faculty Mentor

☐ Yes, I have talked to (please identify the faculty member):

☐ Yes, but I have not contacted him/her (please identify the faculty member):

How did you become familiar with the work of this faculty member?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you have contacted a Department faculty member, what is your understanding of their willingness to provide guidance to you during your visit?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SIGNATURE

I have read and agree to the Visiting International Scholar guidelines. I understand that if I am accepted as a Visiting International Scholar that I will be sent a Letter of Invitation from Dr. Rebecca Ropers-Huilman, Chair and Professor, Department of Organizational Leadership, Policy, and Development. I will assume responsibility for contacting the University of Minnesota's International Student and Scholar Services Office (www.isss.umn.edu) and completing the necessary visa paper work and any other procedures required prior to, and during my stay as a Visiting International Scholar at the University of Minnesota.

Signature: ___________________________ Date: ___________________________

Email: ___________________________ Fax: ___________________________

Completed form, current vitae, and any additional materials must be submitted by March 15 to:

Dr. Christopher Johnstone, Ph.D.
Department of Organizational Leadership, Policy, and Development
330 Wulling Hall
86 Pleasant Street SE
Minneapolis, MN 55455
USA

Fax: 612-624-3377
Email: john4810@umn.edu
Please be sure to retain a copy of this application for yourself.