

## APPOINTMENT REQUEST FORM FOR ACADEMIC VISITOR

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### GENERAL INFORMATION

"Academic visitor" means an individual who is not a registered student at the University, nor a postdoctoral fellow, nor an individual with an academic research appointment covered by the provisions of a collective agreement. An "Academic Visitor" could be a faculty member, a researcher or a student at another Canadian or foreign institution invited to Concordia to conduct a collaborative research activity or a supervised internship.

Concordia University confers an Academic Visitor status, with limited rights and privileges, according to the University's Policy on Academic Visitors (Policy VPRGS-10).

"Visiting Scholar" is a courtesy designation conferred to faculty members and research fellows at other institutions who are invited by a Concordia Faculty to conduct collaborative research activities.

"Research interns" are undergraduate or graduate students coming to Concordia to complete an internship required by their home university.

This application form is intended for university members (faculty/researchers) who would like to host Academic Visitors to conduct research activities in Concordia University's labs.

The form and the required attached documents will assist Concordia International to issue the official invitation letter to the academic visitors and to process their registration in the University System.

The following documents should be submitted with complete application form:

- Curriculum Vitae of the academic visitor
- Photocopy of passport page showing name and date of birth
- Letter of acknowledgement issued by the home institution of the academic visitors clarifying their affiliation and status

Complete application should be sent by internal mail to Concordia International, 2080 Mackay St., Annex X.

## APPOINTMENT REQUEST FORM FOR ACADEMIC VISITOR

Visiting Scholar

Research Intern

### SECTION 1: ACADEMIC VISITOR'S INFORMATION

Family Name:  First Name:

Date of Birth:     
Day Month Year

Citizenship:

Permanent Mailing Address:

Apt#

(Province/State) (City) (Postal/Zip Code) (Country)

Telephone:  E-mail:

Home Institution or Organization:

Level of Study:  Undergraduate  Graduate

Is the research related to the student's degree requirements?  Yes  No

Contact in case of emergency (while you are away)

Last name:  First name:

Relationship:

Cellular:  Telephone:

E-mail:

Mailing Address:

Apt#

(Province/State) (City) (Postal/Zip Code) (Country)



Concordia International  
 1455 De Maisonneuve Blvd. W.,  
 Annex X  
 Phone: 514-848-2424 ext. 4986  
 Fax: 514-848-2888  
 studyaway@concordia.ca  
 international.concordia.ca

**SECTION 2: SUPERVISING FACULTY MEMBER AT CONCORDIA UNIVERSITY**

Last Name:  (As it appears on the passport)      First Name:  (As it appears on the passport)

Position and title:

Extension:       E-mail:

Concordia Department:       Internal Address:

**SECTION 3: INTERNSHIP / RESEARCH INFORMATION**

Duration of the Appointment from:  /  /  to  /  /   
DD      MM      YEAR      DD      MM      YEAR

Number of work hours per week:

Title of Research Project:

Please describe the nature, goal and tasks of the appointment offered

Total financial support from Concordia for the period of appointment:       Source (Budget Codes):

Type of support (reimbursement of expenses, stipend, etc...):

**SECTION 4: APPROVAL**

	<input type="text"/> <small>DD</small>	<input type="text"/> <small>MM</small>	<input type="text"/> <small>YEAR</small>	
Supervising University Member				Print Name
	<input type="text"/> <small>DD</small>	<input type="text"/> <small>MM</small>	<input type="text"/> <small>YEAR</small>	
Department Chair / Unit Head				Print Name
	<input type="text"/> <small>DD</small>	<input type="text"/> <small>MM</small>	<input type="text"/> <small>YEAR</small>	
Associate Dean Research and International <i>(Of the relevant faculty)</i>				Print Name