

Concordia International I 455 De Maisonneuve Blvd. Annex X

international@concordia.ca

## APPOINTMENT REQUEST FORM FOR ACADEMIC VISITOR

## 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 priviledges, 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.

	Please select the language for the Academic Visitor Invitation Letter:	French	English
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Please describe the nature, goal and tasks of the appointment offered in the language you have selected for the invitation letter (English or French):

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 institut on 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.	



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☐ Visiting Scholar	Reasearch Intern
CTION 1: ACADEMIC VISITOR'S INFORMA	TION
Family Name:  Date of Birth:  Day Month Year	First Name:  Citizenship:
Permanent Mailing Address:  (Province/State) (City)  Telephone:	Apt#  (Postal/Zip Code) (Country)  E-mail:
Home Institution or Organization:  Level of Study: Undergraduate   Is the research related to the student's degree require	Graduate ements?
Contact in case of emergency (while you are away)  Last name:  Relationship:	First name:
Cellular:	Telephone:
Mailing Address:	



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## SECTION 2: SUPERVISING FACULTY MEMBER AT CONCORDIA UNIVERSITY

(As it appears on the passport)  Position and title:	(As it appears on the passport)
Pacition and title:	
OSILION and title.	
Extension:	E-mail:
Concordia Department:	Internal Address:
TION 3: INTERNSHIP / RESEARCH INFORMATION	
Duration of the Appointment from: DD MM YEAR	to DD MM YEAR
Number of work hours per week:	
Title of Research Project:	
Please describe the nature, goal and tasks of the appointment offered	
Fotal financial support from Concordia for the period of appointment	t: Source (Budget Codes):
	t: Source (Budget Codes):
	t: Source (Budget Codes):
	t: Source (Budget Codes):
Type of support (reimbursement of expenses, stipend, etc):	t: Source (Budget Codes):
Type of support (reimbursement of expenses, stipend, etc):	t: Source (Budget Codes):
Type of support (reimbursement of expenses, stipend, etc):	t: Source (Budget Codes):
Type of support (reimbursement of expenses, stipend, etc):  TION 4: APPROVAL	t: Source (Budget Codes):  YEAR Print Name
Type of support (reimbursement of expenses, stipend, etc):  TION 4: APPROVAL	
Type of support (reimbursement of expenses, stipend, etc):  TION 4: APPROVAL  Supervising University Member  DD MM	YEAR Print Name
Total financial support from Concordia for the period of appointment  Type of support (reimbursement of expenses, stipend, etc):  TION 4: APPROVAL  Supervising University Member  DD MM  Department Chair / Unit Head  DD MM	
Type of support (reimbursement of expenses, stipend, etc):  TION 4: APPROVAL  Supervising University Member  DD MM	YEAR Print Name