



Eliot-Pearson Department of Child Development

105 College Avenue Medford, Massachusetts 02155 (617) 627-3355 Fax: (617) 627-3503

VISITING SCIENTIST/SCHOLAR APPLICATION FORM

In addition to the information requested on this form we ask that you provide a copy of your vita and a 300 word summary of the project(s) you intend to pursue during the period of time when you would be a visiting scientist/scholar. Reprints of your work relevant to this project would also be helpful.

1. Name _____

2. Current Address _____

3. Current telephone (home) _____

4. Email _____

5. Beginning date for appointment (all appointments are for a 12 month period, unless otherwise noted).

6. Title of project you will pursue. _____

7. Faculty members within the Department who have similar interests/activities (put * next to those whom you have already contacted).

8. Faculty member within the Department who will be sponsoring you and writing a letter of support on your behalf.

9. Status of current or most recent institutional affiliation (e.g., sabbatical leave, research leave, unaffiliated, etc.).

10. Grants (a) from which you are currently receiving funding;
(b) for which you have applied with the past 12 months; or
(c) for which you will apply in the next 12 months.

<u>Date of application</u>	<u>Approx. amount</u>	<u>Title of grant</u>
_____	_____	_____
_____	_____	_____

11. Availability for: guest lecturing in courses, teaching own course, giving colloquia in the Department (list title of course).

12. Availability to meet with students (regarding research or applied issues).

13. Availability to serve on Thesis Committees:

14. Will you want/need office space? If so, for how many days a week?

15. Will you want/need secretarial support? If so, describe nature and amount of assistance and funding plan. _____

16. Any additional information of which we should be aware?
