

Office of Research and Innovation

Application for Foreign Visiting Scholar

Suite 344 Gzowski College – Symons Campus Peterborough, Ontario, Canada K9J 7B8 705.748.1011 x7866

All fields in this form must be filled out before submission. If not applicable, please write N/A.

Family Name:		Given Name:	
Gender:			
Country of Birth:			
Citizenship(s):			
Job Offer Details: Job Title:			
Start Date (DD/MM/YY):		End Date (DD/MM/YY):	
Expected Duration of Employment Address of primary physical job location:	:	NOC Code: ¹	
Postal Code:	City:	Province:	
Supervisor Information:			
Name:		Email:	
Address:		Office Number:	
Postal Code:	City:	Province:	
Phone Number:		<u></u>	
Minimum Education Requiremer	nts:		

¹ National Occupation Classification Code: https://noc.esdc.gc.ca/

Main Duties o	f Job (please com	plete this box	even if this i	s unpaid appointment):
Other Trainin	g Required:			
<u>. </u>				
Experience a	nd skills required t	to complete the	e job duties:	
Provincial/Fe	deral certification.	licensing or re	egistration re	equirements for the job:
	,			- -
Wage and B	enefits:	Type o	of Wage	
Hourly	Hourly Wage: \$		•	Annual Salary: \$ ²
	Pay: Yes		_ If Yes, Ra	
	ow many Hours:			te:
Giants anter III	ow many nours.	Hours o		
Per Day:		Per Week:		Per Month:

²Legislated benefits are 10.46%, and vacation is 4% [or 6% if greater than 5 years' of University service]. The salary entered above is the cost before vacation and legislative benefits. Please account for these mandatory expenses in your budget.

Alternative Compensation Scheme (if applicable):		
Benefits Offered? Details:		
There is a fee assessed by the go account number for the charge b	overnment for these offers (\$230). Please provide an pelow:	
Emergency Contact Information	on:	
Emergency Contact Address:		
Emergency Contact Telephone #:		
Academic Nature of Appointm Please outline the proposed academ research assistantship, and/or part-	nic nature of the appointment including details of fellowship,	
Confirmation of space allocat	ion:	
Office space for the visitor is se		
Office space is not required.		

³ Supervisors should contact Dean's Office/Science Facilities if they require assistance with securing office space for this appointment.

Proposed Plan of Research:		

Attachments (attachments must be submitted with the application)

Letter of Support signed by Department/Program Chair Curriculum Vitae Copy of Visa/Permit⁴

Signatures		
Visiting Scholar	Date	
Supervisor(s)	Date	
Approval		
Vice-President, Research and Innovation or Authorized Representative	Date	

⁴ The copy of the Visa/Permit may be submitted upon arrival at Trent University