



**Office of Research and Innovation**

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

**Application for Visiting Scholar**

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

**Visiting Scholar Information:**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ If current address is temporary indicate leaving date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**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: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

**Supervisor Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Office Number: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Minimum Education Requirements:**

**Main Duties of Job (please complete this box even if this is unpaid appointment):**

**Other Training Required:**

**Experience and skills required to complete the job duties:**

**Provincial/Federal certification, licensing or registration requirements for the job:**

**Wage and Benefits:**

		<b>Type of Wage</b>			
<b>Hourly</b>	<b>Hourly Wage: \$</b> _____	<b>Salaried</b>	<b>Annual Salary: \$<sup>1</sup></b>	_____	
<b>Any Overtime Pay:</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, Rate:</b>	_____	
<b>Starts after how many Hours:</b>	_____				
<b>Hours of work</b>					
<b>Per Day:</b>	_____	<b>Per Week:</b>	_____	<b>Per Month:</b>	_____

<sup>1</sup> Legislated 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):**

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**Benefits Offered? Details:**

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**Emergency Contact Information:**

<b>Emergency Contact Address:</b>	
<b>Emergency Contact Telephone #:</b>	

**Academic Nature of Appointment:**

Please outline the proposed academic nature of the appointment including details of fellowship, research assistantship, and/or part-time teaching positions:

**Confirmation of space allocation:**

Office space for the visitor is secured.<sup>2</sup>

Office space is not required.

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<sup>2</sup> 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

**Signatures**

\_\_\_\_\_  
Visiting Scholar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor(s)

\_\_\_\_\_  
Date

**Approval**

\_\_\_\_\_  
Vice-President, Research and Innovation  
or Authorized Representative

\_\_\_\_\_  
Date

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