

Today's Date: _____

I AM INTERESTED IN:

- Visiting Scholars Program
- Visiting Graduate Student Program

PERSONAL INFORMATION – List your name as it appears on your passport

Last Name	First Name	Middle Name
Position & Title (Professor, Dr., Graduate Student, etc.)		Date of Birth (MM/DD/YYYY)
City of Birth	Country of Birth	
Country of Citizenship	Country of Permanent Residence	

CONTACT INFORMATION

Home Address			Home Phone
City	Postal Code	Country	Mobile Phone
Email			Fax Number

FOR FACULTY

University Affiliation	Faculty Title
University Address	

FOR GRADUATE STUDENTS

University You Are Attending	Program	Number of Years in Attendance
University Address		

ENGLISH PROFICIENCY INFORMATION

Number of years you have studied English	Have you ever taken a TOEFL or IELTS test?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, date taken: _____
	Overall score: _____

INTENDED SCHOLARLY VISIT INFORMATION

Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Total Number of Months
Research Area		
Source and Amount of Funding for the Entire Period		
Suggested Names of Faculty Who May be Appropriate to Serve as Faculty Sponsor		

Additional Materials to Submit

In addition to this application you must submit:

- Curriculum Vitae
- Statement of Purpose (an outline of your goals for your visit)
- Official TOEFL score

By submitting this form, you attest you have read through all of the information on the UW School of Nursing website (<http://nursing.uw.edu/international>) and acknowledge the fees structure.