

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 test?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, date taken: _____
	Overall score: _____

## For Visiting Scholars

Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Total Number of Months
Research Area		
Suggested Names of Faculty Who May be Appropriate to Serve as Faculty Sponsor		
Source and Amount of Funding for the Entire Period		
I acknowledge that the visiting scholar fee is \$1000/month and should I be accepted into the program, it is my responsibility to submit payment according to the policies of the Center for Global Health Nursing. <i>Please sign below</i>		

## 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.