



Visiting Scientist/Visiting Graduate Student Appointment Form

Name of Prospective Visiting Scientist _____

Department/Center/Program _____

Sponsoring Faculty Member _____

Dates of Proposed Appointment: From: _____ To: _____

(note: appointments ordinarily end 6/30/YR)

Home Institution _____

Title at Home Institution _____

The visiting scientist will be engaged in (check one):

<input type="checkbox"/>	research grant #, granting agency, title and PI	<input type="checkbox"/>	publications
<input type="checkbox"/>	Teaching course number and title:	<input type="checkbox"/>	mentoring students, residents, or postdocs provide name(s):
<input type="checkbox"/>	academic program development name program	<input type="checkbox"/>	serving as liaison with community organization name of community organization:
<input type="checkbox"/>	other (please describe below)	<input type="checkbox"/>	

Will the visiting scientist be based at HSPH? Yes No

If no, how often will the visiting scientist be present at HSPH?

Please describe the role of visiting scientist in the department and her/his contributions to HSPH.

Sponsoring Faculty Member's Signature

Date

Department Chair Signature

Date