

**Visiting Scholar Application Form**

**First Name:**

**Last Name:**

**Mailing Address:**

**Mailing Address:**

**City:**

**State:** **Province:** **Zip Code:**

**Country:**

**Email address:**

**Current title and institutional affiliate:**

**Country of citizenship:**

**Highest level of education:**

**Gender:**

**Proposed dates of stay at Boston College:**

**Will you require a visa? YES** **[ ]  NO** **[ ]**

**Please tick the boxes to confirm your understanding of the following statements:**

**[ ]** 1) I understand that, if approved as a CIHE visiting scholar, I will not receive any remuneration or other financial support from Boston College. I also understand that I am responsible for my own travel arrangements and for securing - and paying for - my own accommodations in Boston.

**[ ]** 2) (If relevant) I understand that I am not entitled to any formal doctoral supervision during my time at CIHE.

**[ ]** 3) I understand that I will be asked to pay a one-time $350\* fee to the Center for International Higher Education to offset the administrative costs associated with the visiting scholar program.

**\*this fee may be pro-rated if stay is less than one semester in length.**