

**\*\* For all Visiting Faculty, Researchers, Interns and Self-Funded Academic Researchers\*\***

**Note from OFR: For Visiting Foreign Nationals. All activities and funding arrangements will be identified in the approved invitation letter. Once this letter has been issued, no changes may be made to types of activities or the amount or type of support provided. Records must be maintained for 6 years. This is in accordance with Citizenship & Immigration Compliance requirements for any visitor participating in the International Mobility Program.**

APPOINTMENT INFORMATION FORM

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| **HOST Information** | |
| Host Name: |  |
| **Host Department:** | Click here to choose a department. |
| **Host Email:** |  |
| **VISITOR Information** | |
| **Visitor Name:** |  |
| **Current Country of Residence:** |  |
| **Citizenship:** |  |
| **Permanent Resident (PR) of Canada:** | **Yes  No** |
| **Occupation:** |  |
| **Highest level of Education:** |  |
| **Does Visitor have an academic appointment?** | **Yes  No** |
| **Home Institution:** |  |
| **Confirmation Letter of Current (Continued) Employment** | **Yes  No** |
| **Current Appointment:** |  |
| **Home Institution City/Country:** |  |
| **Date of Birth (YYYY/MM/DD):** |  |
| **Gender:** | **Male  Female** |
| **Passport Number:** |  |
| **Passport Expiration Date:** |  |
| **Visitors Mailing Address:** |  |
| **Visitor’s Telephone:** |  |
| **Visitors Email:** |  |
| **Visitor’s CV attached:** | Yes  No |

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| **APPOINTMENT Information** | |
| **Start Date:** Click here to enter a date.  **End Date:** Click here to enter a date. | |
| **Purpose of Visit:** (choose all that apply) | |
| **Research Collaboration**  **With Whom** (individuals or group)**:**  **Project Title/Purpose:**  **Guest Lecturer for Course:**  **Teaching Graduate-Level Course**  **Start Date of Course:** Click here to enter a date.  **End Date of Course:** Click here to enter a date.  **Course #:**  **Course Title:**  **Weight** (i.e. 0.5 credits)**:**  **% Teaching** (i.e. 100%)**:**  **Off-Campus Visits**  **Examiner or Evaluator (purpose of visit):**  **Speak at specifically arranged Seminar(s)** (Note: This is mandatory if you wish to receive funding from the Faculty and/or VUSP)  **Other** (please explain): | |
| **FUNDING** | |
| **Remuneration Information (for Visiting Professors only)**  Please indicate from the choices below, what type of remuneration (if any) you plan to pay your visitor: | |
| **$**      **Accommodation**  **$**      **Travel**  **$**      **Living Allowance**  **$**      **Honorarium**  **$**      **Salary (for teaching)**  **$**      **Other**  **$**      **TOTAL** | |
| **Funding Information**  Please indicate where funding is coming from and the amount: | |
| **Faculty Host’s Research Account**  Amount $  Speed Code:             %  Speed Code:             % | |
| **Department**  Amount $  Speed Code:             %  Speed Code:             % | |
| **Self-Funded**  Amount $  Funding Source:  Proof of Funding Attached: Yes  No | |
| **Employer Compliance Fee** Amount of $230 to be taken from account (if applicable)  Speed Code:             %  Speed Code:             % | |
| **Visiting University Scholarship Program (VUSP)** | |
| **Visiting University Scholar Program (VUSP)**  Information on this program can be found at: <http://www.uwo.ca/research/funding/internal/visiting_university_scholar_program.html>  **VUSP Nomination Form attached:** Yes  No  **ROLA completed:** Yes  No  **Amount Requested from VUSP:** $  Note: If VUSP awarded, matched amount to come from Faculty Host’s Research Account, the Department or a combination of the two sources. | |
| **I am requesting funding from the Faculty/Dean’s Office to match the VUSP Award**  **Amount Requested from Faculty:** **$**  **Please provide rationale and justification for this request:** | |
| **HOST AVAILABILITY** | |
| ***A condition of the approval of the Visiting Faculty/SFAR Appointment is that the host faculty member must be present for the majority of the duration of the visit.*** | |
| **Will you be away during any time of the visit?**  Yes  No  Note: This is especially important for when your visitor first arrives. | |
| **If Yes, please assign a secondary host for the duration you are away and have them sign below:** | |
| **Name of Secondary Host:** | |
| **I agree to host this visitor for the duration that Dr.**       **is away.** | |
| **Secondary Host’s Signature:** | |
| **SPACE Allocation** | |
| **Office assigned by the department** | Yes  No |
| **Location:** |  |
| **Request office assignment from the Dean** | Yes  No |
| **Approvals** | |
| **Dean’s Signature** | **Date** |
| **Faculty Host’s Signature** | **Date** |
| **Chair’s Signature denotes that this appointment request has been approved by the Departments Appointments Committee** | |
| **Department Chair’s Signature** | **Date** |
| **Department Administrator’s Signature** | **Date** |

Once completed please submit to Laura Fleming ([lflemi@uwo.ca](mailto:lflemi@uwo.ca)) Human Resources, Dean’s Office

Checklist of Items to Include:

* Curriculum Vitae (CV)
* Permanent Resident (PR) Card (if applicable)
* Confirmation of Current/Continued Employment by Home Institution
* Source of Funding Proof

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| **FOR HUMAN RESOURCES USE ONLY**  Type of Appointment   * Visiting Appointment * Self-Funded Academic Researcher * Business Visitor * ETA Required   NOTES:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |