

PROGRAM INFORMATION

Proposed Start Date:

(MM/DD/YYYY)

Proposed End Date:

(MM/DD/YYYY)

Please mark all the academic terms you plan to be at CWU:

- Fall Quarter (September – December)
- Winter Quarter (January – March)
- Spring Quarter (April – June)
- Summer Quarter (June – August)

Purpose of Stay: (Please check all that apply.) Research Teach Other:

NB: Study or the attendance of classes should not be the primary purpose of stay as a visiting Professor, Research Scholar or Short-Term Scholar. CWU policy requires everyone who wishes to attend classes to be admitted to the university, formally register and pay full tuition, even if they do not receive credit.

Affiliation:

- I am affiliated with a CWU partner institution and participating under the auspices of an agreement between the two institutions.
- I am affiliated with a CWU partner institution and participating as an individual.
- I am not affiliated with a CWU partner institution and wish to participate as an individual.

Home Institution:

Subject Area:

In what subject area(s) do you wish to complete your project? Please submit a detailed project or research proposal and attach it as an addendum to this form.

English Proficiency:

According to US law, CWU is required to proactively verify that scholars have sufficient English proficiency to both complete their academic program and to navigate everyday situations with minimal assistance. See the CWU website for scholars for additional details. Please check the box next to the appropriate method a verification:

- Citizenship of an Anglophone country
- Proof of degree from English-medium institution or program
- Official letter certifying proficiency
- Proof of sufficient score on an established proficiency test
- Interview

CWU Contact:

Scholars should be invited by a CWU faculty member who will serve as supervisor and must meet with this supervisor in person at minimum once every 7-10 days. Please give the name and contact information of the CWU faculty member inviting you.

Name:

Title:

Department:

Email:

@cwu.edu

Site(s) of Activity*:

Primary Site of Activity:

Other proposed site(s) of activity:

*Please be aware that scholars must live within 40 miles of the CWU campus at which their faculty sponsor is based.

EXCHANGE VISITOR SIGNATURE

In signing this form, I acknowledge that failure to disclose and submit complete and accurate information may result in the denial of admission or subsequent dismissal from said institution. I certify that to the best of my knowledge statements I have made in this application are complete and true. **I understand my application is incomplete without my signature below.**

Signature of Applicant: _____

Date: _____

COLLEGE AND DEPARTMENT APPROVAL (CWU USE ONLY)

I, the designated CWU contact, accept responsibility for the accuracy of the information on this form, for sponsoring the exchange visitor at CWU and for reporting to OISP the termination and/or departure of the identified visiting scholar. I agree to meet with the scholar in-person at minimum once every 7-10 days and to facilitate or notify the scholar of cross-cultural activities per the statutory requirements of the Exchange Visitor Program. I have attached a formal letter of invitation outlining my role as supervisor, the parameters of the invited scholar's academic endeavors and/or other expected duties (e.g. teaching) and any remuneration or other financial assistance to be provided by CWU.

Printed Name & Title:

Department:

MS:

Tel:

Fax:

Email:

Signature: _____

Date: _____

Department Chair:

Signature

Printed Name

Date

College Dean:

Signature

Printed Name

Date

Once signed by the inviting faculty member, the Department Chair and the College Dean, please return completed form to International Student and Scholar Services, MS 7408.