



Office of Research and Innovation

Suite 344 Gzowski College –
Symons Campus Peterborough,
Ontario, Canada K9J 7B8
705.748.1011 x7245

Application for Visiting Scholar

All fields in this form must be filled out before submission. If not applicable, please write N/A.

Visiting Scholar Information:

Family Name: _____ Given Name: _____
Gender: _____ Date of Birth (DD/MM/YY): _____
Address: _____ Office Number: _____
Postal Code: _____ City: _____ Province: _____
Social Insurance Number: _____ If current address is temporary
indicate leaving date: _____
Phone Number: _____

Job Offer Details:

Job Title: _____
Start Date (DD/MM/YY): _____ End Date (DD/MM/YY): _____
Expected Duration of Employment: _____
Address: _____ Office Number: _____
Postal Code: _____ City: _____ Province: _____

Supervisor Information:

Name: _____ Email: _____
Address: _____ Office Number: _____
Postal Code: _____ City: _____ Province: _____
Phone Number: _____

Minimum Education Requirements:

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Main Duties of Job (please complete this box even if this is unpaid appointment):

Other Training Required:

Experience and skills required to complete the job duties:

Provincial/Federal certification, licensing or registration requirements for the job:

Wage and Benefits:

Type of Wage

Hourly Hourly Wage: \$ _____ Salaried Annual Salary: \$ _____

Any Overtime Pay: Yes No If Yes, Rate: _____

Starts after how many Hours: _____ Seasonal Position: Yes No

Hours of work

Per Day: _____ Per Week: _____ Per Month: _____

¹ Legislated benefits are 11.52%, and vacation is 4% [or 6% if greater than 5 years' of University service]. The salary entered above is the cost before vacation and legislative benefits. Please account for these mandatory expenses in your budget.

Alternative Compensation Scheme (if applicable):

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Benefits Offered? Details:

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Emergency Contact Information:

Emergency Contact Address:	
Emergency Contact Telephone #:	

Academic Nature of Appointment:

<p>Please outline the proposed academic nature of the appointment including details of fellowship, research assistantship, and/or part-time teaching positions:</p>

Proposed Plan of Research:

A large, empty rectangular box with a thin black border, intended for the user to write their proposed plan of research. The box occupies most of the page below the section header.

Attachments (attachments must be submitted with the application)

- Letter of Support signed by Department/Program Chair
- Curriculum Vitae

Signatures

Visiting Scholar

Date

Supervisor(s)

Date

Approval

Vice-President, Research and Innovation

Date
