

INTERNATIONAL VISITING SCHOLAR PROGRAM APPLICATION

Instructions: Please submit a completed application form, supporting documents and \$65 application fee to the International Visiting Scholars Program, 4300 Nebraska Ave NW, Washington, DC 20016 | ivsp@wcl.american.edu.

PERSONAL INFOR	RMATION:		
Last Name: First Name:		M.I.:	
Current Address:			
Address is valid until:			
Telephone Number			
Permanent Address:			
E-mail address:			
Nationality:			
Date of Birth:	ate of Birth: Sex: US Social Security Number: (if available)		
PROFESSIONAL B	ACKGROUND AND INTERESTS:		
Areas of Special Acad	emic Interest:		
Title of Project:			
Dates of Visit to Ame	rican University:		
Current Employer and	Title:		
English Language Prot	aciency:		
	<u> </u>	est Score:	
I have read and understar Washington College of L	and the provisions of the current International Visit aw as a Visiting Scholar, and I certify that all the ir g the law school take action in reliance thereon.	ors Program. I hereby apply for acceptar	
Signature		Date	
For Office Use Only:			
Visitor Category:	Research Scholar		
C 11	Short-term Scholar (less than 6 months)	Visiting Scholar Faculty Coordinator	Date
Sponsored by: University Rank:	☐ Faculty Fellow	Visiting Scholar Faculty Coordinator	Date
Offiversity Rank.	☐ In Residence (requires Rank and Tenure Approval)		
Faculty Host:		Associate Dean of Academic Affairs	Date
Current CV Attached:	Yes No		

^{*}An equal opportunity, affirmative action university.