

Request for Appointment of Visiting International Researcher Office of Research/ Office of International Education

This request is from the Department of _____

Name of proposed visiting international researcher _____

Home Institution and Rank _____

Permanent Address _____

Highest earned degree and date of issue _____

Degree earned from _____

Nationality _____

Period of Appointment (exact dates MM/DD/YYYY to MM/DD/YYYY) _____

If the visiting international researcher plans to work with a particular faculty member at TTU, please provide the name, department, and campus mail address.

If the visiting international researcher will receive an honorarium, list the amount _____ and the source of the funds _____

Nominator	Typed or Printed Name	Signature	Date
Department Chair Approval	Typed or Printed Name	Signature	Date
Academic Dean Approval	Typed or Printed Name	Signature	Date

After completion of the Request for Appointment of Visiting International Researcher and receipt of the above signatures, please forward to Andrew Bleignier in the Office of International Education for the below signatures.

Approval of the Office of Research _____

Signature Date