OFFER OF APPOINTMENT

Visiting Scholar
OR
Visiting Student Scholar

Name ________________________________________________________________

Appointing Department ________________________________________________

Appointment title ______________________________________________________

Starting Date ________________________ Length of Appointment ___________________

1. How will this position be funded?

_________________________________________________________________________

_________________________________________________________________________

2. Briefly explain the nature of this position (or attach explanation separately):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

3. Who is the faculty member responsible for assisting this visiting individual?

_________________________________________________________________________

NOTE that Clark University charges a processing fee of $200 to all unpaid international visitors whose appointments run 6 months or more. These scholars will pay the fee by money order or personal check (made payable to Clark University) to the International Students and Scholars Office upon arrival.

After this form is signed by the Department Chair, please attach the candidate’s curriculum vitae and forward to Deb Brenner in the Provost’s Office.

Department Chair __________________________________ Date ______________________

Dean of Graduate Studies and Research ______________________________ Date _____________

President __________________________________________________________ Date ______________