



Visiting Scholar Application Form

First Name: _____

Last Name: _____

Date of Birth (month/date/year): _____

Mailing Address: _____

Country of Current Residence: _____

Country of Permanent Residence (if different from the above): _____

Email address: _____

Current professional title and institutional affiliation: _____

Country of Citizenship: _____

Country of Birth: _____

Highest level of education: _____

Gender: _____

Proposed dates of stay at CIHE: _____

Will you require a visa? YES NO

Please tick the boxes to confirm your understanding of the following statements:

I understand that, if approved as a CIHE visiting scholar, I will not receive any remuneration or other financial support from Boston College. I also understand that I am responsible for my own travel arrangements and for securing – and paying for – my own accommodation in Boston.

I understand that, if I require a visa, I will need to pay a one-time fee of \$125.00 to the Boston College Office of International Students and Scholars.