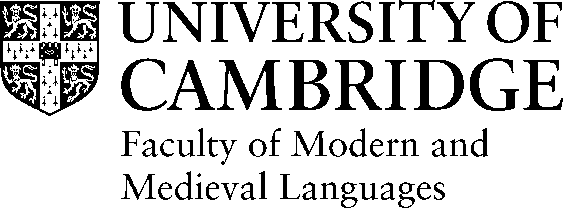
****Sidgwick Avenue

Cambridge

CB3 9DA

Tel: (01223) 335038

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| --- | --- | --- |
| **VISITOR INFORMATION** | | |
| 1. | First name: |  |
| 2. | Surname: |  |
| 3. | Title: | Miss / Mrs / Ms / Mr / Dr / Other (Please Specify)…………… |
| 4. | Email Address: |  |
| 5. | Home address: |  |
| 6. | Next of kin name and contact details: *(in case of an emergency)* | Name:  Relationship to visitor:  Telephone number:  Email address: |
| 7. | Proposed mentor in Cambridge, if known |  |
| 8. | Department within Faculty of proposed visit i.e. French, Linguistics |  |
| 9. | Proposed visit start date: |  |
| 10. | Proposed visit end date: |  |
| 11. | Nationality: |  |
| 12. | Is English your native language?  *(if not, proof of competency in English may be required.* ***(IELTS/TOEFL/CAE/CPE))*** |  |
| 13. | Visa required: | YES NO |
| 14. | Date of birth: |  |
| 15. | Description of visiting status: | Visiting Scholar |
| 16. | Funding details of visit: *(e.g. Current employer(sabbatical salary), self-financed, grant)* |  |

|  |  |  |
| --- | --- | --- |
| 17. | Current Employer: If applicable.  *(Please state full address)* |  |
| 18. | Details of contact at your Employer:*(eg your supervisor or line manager. They will be asked to sign the Visitor Letter, if application is successful)* | Name:  Position:  Address:  Email:  Tel: |

Please provide the following documentation along with this form:

* A full CV
* A short outline of your proposed research
* Two academic references

Note that there are fees to pay for Visiting Scholars. These are £500 per term (for all or part of the term), or £2000 for a period of 12 months, plus VAT.  
  
More information on Visiting Scholars, can be found on the Faculty website here: <http://www.mml.cam.ac.uk/faculty/academic-visitors>