### WERKLUND SCHOOL OF EDUCATION



Office of Research 2500 University Drive NW Calgary, AB, Canada T2N 1N4 werklund.ucalgary.ca/research

# **Visiting Scholar Research Application Form**

This application is for individuals who are self-funded, hold a permanent faculty position at a degree-granting institution abroad, to which they will return, and who is invited to carry out research, collaborate on research, or teach students. Please be advised that due to recent changes in Immigration, Refugees and Citizenship in Canada (IRCC) regulations, the application process may take up to one month to process.

Applicant Information			
Name:	Email Address:		
Title:	Phone Number:		
Start Date:	End Date:		
Is University of Calgary Library access requested?			
Is a Shared Office requested?			
Is a University of Calgary Email requested?			

## **Proposed Program of Scholarly Work**

Please attach a detailed two-page outline of proposed program of scholarly work during the applicant's visit in the Werklund School of Education. In this document also show a clear alignment of the visitor's program to the host's research program, the Werklund School of Educationresearch priorities, and the <a href="University of Calgary's Strategic">University of Calgary's Strategic</a> Research Plan

If your research falls outside of the Werklund School of Education research priorities, please provide a strong rationale for the significance of the research to the Werklund School of Education. Applications will primarily be evaluated according to quality of the research plan.

# **Academic Host Information**

Explain the alignment of your areas of scholarship with the visitor's proposed program (up to 250 words).

١	$\square$ I agree to be the key contact and mentor to the visiting scholar for the duration of his/her visit
	☐ I agree to ensure that the visiting scholar is integrated into academic activities in the Werklund School of Education
I	$\square$ I have reviewed the application, discussed scholarly activities with the visitor and am in agreement.
Academ	nic Host Signature:
Date:	

# **Important Conditions Note to Applicant and Host**

- The University of Calgary Werklund School of Education shall not bear any financial responsibility of visiting scholars except as may be arranged and explicitly documented for specific cases.
- All direct costs of applicant visit are the responsibility of the visiting scholar or are covered by funding external to the University of Calgary.
- The Werklund School of Education does not make arrangements for air or ground transportation, applicant accommodation, and applicant medical insurance costs.
- A visa, if applicable, is the responsibility of the applicant and MUST BE arranged prior to visiting the University of Calgary.
- A complete application package should be submitted by the Werklund School of Education host as one PDF document to educres@ucalgary.ca
- The application will be reviewed by the EDSA Chair, the Associate Dean of Research, the Associate Dean of Internationalization, and the Vice Dean. If approved, the host and the applicant will receive a notification letter detailing next steps in the process.

# Reporting

- A summary report of all research activities completed during the scholar's visit will be submitted to
  the Associate Dean of Research, Werklund School of Education (educres@ucalgary.ca), within one
  month of completing the scholarly activities. The report should be signed by both the visiting scholar
  and the Werklund School of Education host and should be maximum 3 pages long. Please contact
  (educres@ucalgary.ca) to obtain a template to guide your report.
- Interim reports will be required at the midway if the visiting scholar's stay is longer than 6 months.

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	Visiting Scholar Research Form, including the Visitor Category Assessment (see pages 6-8)
	Applicant's current Curriculum Vitae (including the names and contact details of two referees)
	Letter from Dean, Department Head or person with supervisory authority for the applicant on institutional letterhead, indicating a continuing academic appointment at homeinstitution
	One-page outline of the proposed program of scholarly work during the applicant's visit
	I acknowledge that upon receipt of this completed form, my request to be a visiting scholar at the University of Calgary will be considered. I will be contacted the Werklund School of Education Office of Research and Human Resources for more information on this process.
Applican	t's Signature:
Date:	

# Recommendation: Signature

# Name and Date **Review of Application: Associate Dean (Research)** Notes: Recommendation: Signature Name and Date

# **Review of Application: Associate Dean (International)**

Notes:	
Recommendation:	
Signature  Name and Date	
Notes:	ation: Vice Dean
Recommendation:	
Signature	
Name and Date	
Name and Date	

\*\* Once approved by the Vice Dean, the Office of the Dean will forward to the following:
Director, Strategic Initiatives
Manager (Academic Support Office)
Administrative Coordinator, Staffing



# International Visitor Category Assessment

Please complete the following questionnaire and submit it to <a href="mailto:hrimmigration@ucalgary.ca">hrimmigration@ucalgary.ca</a> in order to determine the appropriate immigration category and complete IRCC's 'Offer of Employment to a Foreign National Exempt from a Labour Market Impact Assessment form', if applicable.

# HOST FACULTY/DEPARTMENT AT THE UNIVERSITY OF CALGARY

Faculty/Department	Name of U of CHost		
Werklund School of Education			
Phone Number of U of C Host	Email of U of C Host		
INTERNATIONAL VISITOR INFORMA	TION		
Prefix Last Name	First Name		
Citizenship	Employment Status/Position		
Current Country of Residence	Name of Current Employer or Post-Secondary Institute		
Status in current Country of Residence	Will the visitor return to his/her home country at the end of this visit?		
○ Citizen	Yes O		
O Permanent Resident	No O		
Temporary Resident			
International Visitor Email Address (Required)	Date of Completion of PhD/MD/DVM		
Student Status	Will the visitor still be enrolled as a full-time student at		
○ Undergraduate	their home institution during this visit?  Yes No No		
○ Graduate	163 O NO O		
Highest Level of Education Completed	Will the assignment at U of C be used towards the completion of a degree?		
	Yes O No O		

# **APPOINTMENT**

Expected Start Date of Visit	Expected End Date of Visit		
Dave the Asti Was that Watte Will Co O to the			
Describe Activities that Visitor Will Carry Out at	the U of C		
Will the visitor work with <b>Patients</b> or <b>Animals</b> ?	O Yes		
Minimum Education Required	O No		
•	Any Provincial/Federal Certificate, Licensing Requirements		
O PhD	for this Appointment?		
O Doctor of Medicine	Yes (specify)		
O Bachelor	○ No		
Other (specify)			
Experience/Skills Requirements of this Appointn	nent		
List All Geographic Locations Where Visitor's Act	tivities Will Take Place		
Benefits Applicable			
☐ Disability Insurance	Dantal Income		
Extended Medical Insurance	Dental Insurance		
Other (specify)	Vacation (calculation below)		
Vacation Calculation Days	OR Calculation % of Gross Salary		
U OF C FINANCIAL ASSISTANCE			
— — — — — — — — — — — — — — — — — — —			
Type(s) of Financial Assistance Visitor Will Recei	va From II of C		
	ve rioni o oi c		
☐ No Assistance from the U of C Host	Stipend		
Living Allowance	Honorarium		
☐ Travel Costs	Per Diem		
Accommodation Costs	☐ Meal Costs		
Direct Recipient of Research Award			
Other (please specify)			
Amount (CDN\$) OR Per Hour	(CDN\$) OR Per Year(CDN\$)		
Total Number of Hours Per Day	Per Week		

# **EXTERNAL FINANCIAL ASSISTANCE**

Type(s) of Financial As	ssistance Visitor Will Receive From External	Source(s)	
☐ No Assistance	☐ Salary		
Personal Savings	☐ Scholarship		
☐ Travel Costs	Accommodation Co	osts	
☐ Meal Costs	☐ Direct Recipient of	Research Award	
Other (specify)			
Source of Financial As	ssistance		
Signature of UCalgary	/ Host	Date	
<b>IMPORTANT:</b> Please ensure that you complete all relevant information. Incomplete information may result in delays to the facilitation process.			
Does the visitor req	uire System Access or a UCID? Yes	) No ()	
If yes, please contact t	the <b>Integrated Service Centre</b> at <b>403-22</b>	<b>20-5932</b> or <u>hr@ucalgary.ca</u> for guidance	
and assistance.			