

Visiting Scholar Research 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 are invited to carry out research, collaborate on research, or teach students. Please be advised that due to recent changes in Immigration, Refugees and Citizenship 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 E mail requested?

Is the Applicant: Canadian International If International, include pages 4-6 as well.

Important Conditions Note to Applicant and Host

- The University of Calgary Werklund School of Education shall not bear any financial responsibility of visiting scholars or make arrangements for air or ground transportation, applicant accommodation except as may be arranged and explicitly documented for specific cases.
- Medical insurance costs and visas, if applicable, are 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 educsupport@ucalgary.ca

Proposed Program of Scholarly Work

Please attach a detailed 1–2-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 Education research priorities, and the University of Calgary's Strategic Research Plan.

<https://research.ucalgary.ca/research/research-innovation-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 200 words)

- 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 have reviewed the application, discussed scholarly activities with the visitor and am in agreement.
- I understand my EDSA Chair _____ (Add Name) will be notified and encouraged to invite the Visiting Scholar to any scholarly activities.

Academic Host Name:

Date:

Reporting

- A summary report of all research activities completed during the scholar's visit will be submitted to the Academic Support Office, Werklund School of Education (educsupport@ucalgary.ca), within one month of completing the scholarly activities. A template will be provided by Academic Support Office. The report should be signed by both the visiting scholar and the Werklund School of Education host and should be maximum 3 pages long.
- Reports will be filed with the Academic Support Office

Checklist

- _____ 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 home institution.
- _____ 1-2 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 by the Academic Support Office, Werklund School of Education by the Office of Research and Human Resources for more information on this process.

Applicant's Name:

Date:

Review of Application: Associate Dean (Research) or Associate Dean (International)

Recommendation:

Name:

Date:

Review of Application: Vice Dean

Recommendation:

Name:

Date:

- Once approved, the Vice Dean, will forward to the following:
 - Director, Strategic Education Initiatives
 - Administrative Coordinator, Staffing
 - Manager, Academic Support Office
- The Academic Support Manager will:
 - Notify the EDSA Chair



International Visitor Category Assessment

Please complete the following questionnaire and submit it to himmigration@ucalgary.ca 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 C Host

Werklund School of Education

Phone Number of U of C Host

Email of U of C Host

INTERNATIONAL VISITOR INFORMATION

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
☐ Permanent Resident
☐ Temporary Resident

- Yes ☐
No ☐

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 their home institution during this visit?

- ☐ Undergraduate
☐ Graduate

- Yes ☐ No ☐

Highest Level of Education Completed

Will the assignment at U of C be used towards the completion of a degree?

- Yes ☐ No ☐

APPOINTMENT

Expected Start Date of Visit

Expected End Date of Visit

Describe Activities that Visitor Will Carry Out at the U of C

Will the visitor work with **Patients** or **Animals**?

☐ Yes

☐ No

Minimum Education Required

☐ PhD

☐ Doctor of Medicine

☐ Bachelor

☐ Other (specify)

Any Provincial/Federal Certificate, Licensing Requirements for this Appointment?

☐ Yes (specify)

☐ No

Experience/Skills Requirements of this Appointment

List All Geographic Locations Where Visitor's Activities Will Take Place

Benefits Applicable

☐ Disability Insurance

☐ Dental Insurance

☐ Extended Medical Insurance

☐ Vacation (calculation below)

☐ Other (specify)

Vacation Calculation Days

OR Calculation % of Gross Salary

U OF C FINANCIAL ASSISTANCE

Type(s) of Financial Assistance Visitor Will Receive From U of C

☐ No Assistance from the U ofC 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 Assistance Visitor Will Receive From External Source(s)

☐ No Assistance

☐ Salary

☐ Personal Savings

☐ Scholarship

☐ Travel Costs

☐ Accommodation Costs

☐ Meal Costs

☐ Direct Recipient of Research Award

☐ Other (specify)

Source of Financial Assistance

Signature of UCalgary Host

Date

IMPORTANT: Please ensure that you complete all relevant information. Incomplete information may result in delays to the facilitation process.

Does the visitor require System Access or a UCID? Yes ☐ No ☐

If yes, please contact the **Integrated Service Centre** at **403-210-9300** or hr@ucalgary.ca for guidance and assistance.