Visiting Scholar Program Application Form



A.	PERSONAL INFORM	MATION			
Title:	Family Name:		Given Name :		
Position:	i vaine.	l			
Organisation:					
Postal Address:					
Email :					
Date of Birth:			Gender:		
Citizenship:			Are you an Australiar Permanent Resident		
В.	DETAILS OF PROPO	SED VISIT			
Expected date of arrival:			Expected date of departure :		
Brief description of the purpose of your visit:					
Name of Faculty Research Centre or Academic who has agreed to host your visit :					
Details of how your visit will be financially supported:					
Type of visa for which you intend to apply (if relevant)			that allows them to u to carry out during th can be found at the I Citizenship website y	ndertake <i>al</i> eir stay. Info Department vww.immi.g	session of a valid visa the activities they wish ormation regarding visas of Immigration and ov.au or obtained from y or High Commission.
C. VISITIN	NG ACADEMIC AGRE	EMENT			
Should my visit be approved, I agree to acknowledge the Faculty of Law and Bond University in any publications arising from my visit.					
Signature of Appl	icant :				Date :

D.	CHECKLIST FOR SUPPOR					
A brief or	(Please note: Applications ca	annot be considered until all supporting documents have betails of academic employment, qualifications and publicat	been provided)			
A bilei co	iniculum vitae that includes de	etalis of academic employment, qualifications and publicat	lions.			
	A 1-2 page proposal outlining the research project, planned collaboration with Bond Law staff and any other activities intended during the visit.					
	A letter or email from a Bond Law academic staff member or Research Centre indicating agreement to host					
the visit.						
E.	COMPLETE APPLICATION	FORM				
	COMIN LETE ATT EXCATION	1 OKM				
Your completed application form, including all required supporting documents, should be returned to :						
Visiting Scholar Program						
Faculty of Law						
Bond Un	iversity awdean@bond.edu.au					
Liliali .	awdean & bond.edu.au					
F.	PRIVACY INFORMATION					
Should your visit be approved, information collected on this form will be stored securely and only used or released in accordance with the University's privacy policy which is available from www.bond.edu.au/privacy.						
FACULTY ADMINISTRATIVE USE ONLY						
ACADEN	MIC HOST APPROVAL					
	Academic/Centre Director:					
1 100	as to support this proposed vi	cit				
 I agree to support this proposed visit. I understand that my obligations as the academic host include supervising the Visitor for the duration of their 						
stay, and introducing and involving the Visitor in the Faculty's research and collegial life.						
of th	is application is an accurate d	escription of the research and of my level of involvement.				
Signature of Academic/Centre Director:						
	s section has been signed a eputy Dean	and completed, please send the form together with all	attachments			
□ Visit is	s approved					
□ Visit i	s not approved					
Signature of Deputy Dean: Da						

Please send this form to Bond Law HR for processing