

Visiting Scholar Program

School of Nursing

University of Michigan

PROPOSED TERM OF STUDY

When do you plan to attend?	Fall	How many semesters?	One
	Winter		Two

APPLICANT INFORMATION

Title: Last Name

First Name Middle Initials:

Date of Birth (mm/dd/yyyy)

Country of Citizenship:

Home Address:

City: State:

Postal Code: Country:

Home Phone: Mobile Phone:

Email Address:

Current Position:

Professor	Lecturer
Post-doc	Doctorate
Masters	Undergraduate
Other	

Area of specialization within nursing:

Affiliation:

City: State:

Country: Postal Code:

Phone: Fax:

US J1 VISA STATUS

Have you been on a J1 visa in the last 2 years? Yes No

MOST RECENT EDUCATIONAL HISTORY

Institution:

City:

Country:

Degree:

Doctoral

Master's

BA/BS

Year earned/expected to earn:

Major/Minor:

MOST RECENT PUBLICATIONS (ENGLISH ONLY)

I have published in English peer-review journals: Yes No N/A

Title:

Author(s):

Journal:

Year:

Month:

Volume:

Issue:

Pages:

Title:

Author(s):

Journal:

Year:

Month:

Volume:

Issue:

Pages:

Title:

Author(s):

Journal:

Year:

Month:

Volume:

Issue:

Pages:

PROPOSED RESEARCH AT THE UNIVERSITY OF MICHIGAN

Proposed Research Title:

PROPOSED FACULTY MENTORS AT THE UNIVERSITY OF MICHIGAN

You can review possible mentors by area [here](#)

Faculty 1 - Name & Last Name:

Area of Specialization:

Faculty 2 - Name & Last Name:

Area of Specialization:

Faculty 3 - Name & Last Name:

Area of Specialization:

DOCUMENTS REQUIRED FOR APPLICATION (PLEASE ATTACH THE FOLLOWING TO YOUR EMAIL):

English Proficiency Test Scores (Attached in Adobe pdf or jpeg formats only)
(if applicable)

Curriculum Vitae or Resume: (Attached in Adobe pdf or Microsoft Word formats only)

4-5 Page Research and/or (Attached in Adobe pdf or Microsoft Word Formats only)
Training Proposal with Timeline:

PLEASE EMAIL THIS FORM TO UMSN-GlobalOutreach@med.umich.edu

THANK YOU!