

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:

ENGLISH PROFECIENCY : Please select which one of the following applies to you.

I meet the English Proficiency
Requirement by:

IBT Reading: Paper Test
Listening Comprehension:

IBT Listening: Paper Test
Structure&Written Expression:

IBT Speaking: Paper Test
Reading Comprehension:

IBT Writing: Paper Test
Total Score:

IBT TOTAL SCORE:

EILTS Exam Score:

ENGLISH LANGUAGE SKILLS - SELF ASSESMENT

Understand Spoken English Advanced
Intermediate
Basic
None

Understand Written English Advanced
Intermediate
Basic
None

Speak English Advanced
Intermediate
Basic
None

Write English Advanced
Intermediate
Basic
None

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!