

## Sigur Center for Asian Studies Visiting Scholar Application Form

| IN WHICH QUARTER WOULD YOU LIKE TO BEGIN YOUR RESEARCH? |                       |             |                        |          |  |  |  |  |
|---|-----------------------|-------------|------------------------|----------|--|--|--|--|
| ☐ FALL  | ☐ WINTER ☐            | SPRING      | SUMMER                 | YEAR 20  |  |  |  |  |
| PROPOSED DURATION                                       | MONTH                 | S           |                        |          |  |  |  |  |
|   | ARRIVAL DATE          |             | DEPARTURE DA           | TE       |  |  |  |  |
| PERSONAL INFORMATION                                    |                       |             |                        |          |  |  |  |  |
| 1. FIRST NAME   |                       |             |                        |          |  |  |  |  |
| 2. MIDDLE NAME  |                       |             |                        |          |  |  |  |  |
| 3. LAST NAME  |                       |             |                        |          |  |  |  |  |
| 4.U.S. SOCIAL SECURITY NU                               | JMBER (IF APPLICABLE) |             |                        |          |  |  |  |  |
| 5.DATE OF BIRTH   | / /                   | <u> </u>    | ☐ MALE                 | ☐ FEMALE |  |  |  |  |
| 7.COUNTRY OF CITIZENSHII                                | Р                     |             |                        |          |  |  |  |  |
| 8. COUNTRY OF BIRTH                                     |                       |             |                        |          |  |  |  |  |
| 9. HOME ADDRESS   | U.S. CITIZEN          |             | PERMANENT U.S.RESIDENT |          |  |  |  |  |
| CITY  |                       | STATE       | ZIP (                  | CODE     |  |  |  |  |
| COUNTRY   |                       |             |                        |          |  |  |  |  |
| 10. HOME PHONE  |                       | E-MAIL      |                        |          |  |  |  |  |
| 11. MOTHER TONGUE                                       |                       | 11. ENGLISH | H LEVEL                |          |  |  |  |  |
| CI  | URRENT INSTITUTIONAL  | AFFILIATION | / EMPLOYER INFORMATI   | ON       |  |  |  |  |
| 12. INSTITUTION   |                       |             |                        |          |  |  |  |  |
| 13. DEPARTMENT  |                       |             | TITLE                  |          |  |  |  |  |

| 14. ADDRESS                                      |                            |               |          |                                |        |  |
|--|----------------------------|---------------|----------|--------------------------------|--------|--|
| CITY   |                            | STATE _       |          | ZIP CODE                       |        |  |
| COUNTRY  |                            |               |          |                                |        |  |
| 15. TELEPHONE                                    |                            |               | FAX      |                                |        |  |
| 16. WEBSITE                                      |                            |               |          |                                |        |  |
|  | RESI                       | EARCH INFORI  | MATION   |                                |        |  |
|  |                            |               |          |                                |        |  |
| 17. COUNTRIES OF INT                             | EREST                      |               |          |                                |        |  |
| 18. AREA (S)OF INTERE                            |                            |               |          |                                |        |  |
| 19. RESEARCH TOPIC                               | TITI E                     |               |          |                                |        |  |
|  |                            |               |          |                                |        |  |
| * PLEASE ATTACH A ONE                            | PAGE SUMMARY OF YOUR PROP  | OSED RESEARCH |          |                                |        |  |
|  | EDUCA                      | ATIONAL INFOR | RMATION  |                                |        |  |
| 20.  |                            |               |          |                                |        |  |
| DATES OF ATTENDANCE                              | NAME OF SCHOOL             | LOCA          | TION     | MAJOR SUBJECT                  | DEGREE |  |
|  |                            |               |          |                                |        |  |
|  |                            |               |          |                                |        |  |
|  |                            |               |          |                                |        |  |
|  |                            |               |          |                                |        |  |
|  |                            |               |          |                                |        |  |
|  |                            |               |          |                                |        |  |
| SOURCE OF FUNDING 21.                            |                            |               |          |                                |        |  |
| ☐ GOVERNME                                       | ENT UNIVERS                | SITY 🗌 I      | PERSONAL | _ OTHER                        |        |  |
| *PLEASE SPECIFY HOV                              | V YOU PLAN TO FUND YOUR VI | SIT           |          |                                |        |  |
| DOES YOUR SCHOLAR  NO YES  IF YES, PLEASE SPECII |                            | FUNDING FROM  | THE HOST | ING INSTITUTION (SIGUR CENTER) | ?      |  |

| CONTACT INFORMATION                                    |  |  |  |  |  |
|--|--|--|--|--|--|
| 22.<br>NAME AND PERMAN                                 | ENT ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:   |  |  |  |  |
| NAME   |  |  |  |  |  |
| ADDRES   | S  |  |  |  |  |
| TELEPHO  |  |  |  |  |  |
| E-MAIL   |  |  |  |  |  |
| FACULTY CONTACT  | S AT GWU   |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | UR CV AND TWO RECOMMENDATION LETTERS ALONG WITH THIS APPLICATION FORM. ON LETTERS CAN BE SENT TO US DIRECTLY)  |  |  |  |  |
| Apply by Mail:   | Sigur Center for Asian Studies Visiting Scholar Program Elliott School of International Affairs, George Washington University 1957 E Street, N.W., Suite 503 Washington D.C., 20052 U.S.A. |  |  |  |  |
| Apply by Fax:<br>Apply by E-mail:<br>More information: | (202) 994-6096 gsigur@gwu.edu (202) 994-5874   |  |  |  |  |
|  | Sign   |  |  |  |  |
|  | Today's date / /   |  |  |  |  |