



Western Oregon University
Visiting Scholar Lecture/Consultation/Employment Request

Visiting Scholars may participate in occasional lectures and short-term consultations, with approval from their Department Head and an International Student Advisor. Such lectures and consultations must be related to, but not the primary activity of, the visiting scholar's main program.

A. Visiting Scholar:

Name: _____ Date: _____
(Family Name) (First Name) (Middle Name)

Western V#: _____ Supervising department: _____

Citizenship: _____ Date of birth: _____

U.S. Address: _____
(Street, Apt #) (City or Post Office) (State) (ZIP Code)

Phone Number: _____ WOU E-mail Address: _____

B. Lecture/Consultation/Employment Information:

Note: If wages or other compensation is received by the visiting scholar, Section B needs to be an official letter from the offeror setting forth the terms and conditions of the offer to lecture or consult.

Site of Activity: _____
(Institution Name and Address)

Supervisor's Name: _____

Supervisor's Phone: _____

Supervisor's E-mail: _____

Field or Subject: _____

Number of hours: _____ Amount of compensation: _____

Description of Lecture/Consultation/Employment: _____

C. Supervisor or Department Head's Recommendation for activity:

The visiting scholar's occasional lecture or short-term consultation is:

- directly related to the objectives of the exchange visitor's program,
- incidental to the exchange visitor's primary program activities,
- and will not delay the completion date of the visitor's program.

I recommend the activity and believe it will enhance the visiting scholar's program because,

Academic Adviser's printed name and signature:

Signature _____ Title _____

Print Name _____ Campus Phone _____ Date _____

D. Responsible Officer/ International Student Advisor:

I, the responsible officer at Western Oregon University, recommends that the lecture/consultation/employment, is warranted and will not interrupt the visiting scholar's original objective and research.

Responsible Officer's printed name and signature:

Signature _____ Printed Name _____

_____ Date _____

For office use only:

- Date stamp SEVIS Portal
- Request is Accepted Request is Denied

Notes: