Visiting Scholar Program School of Nursing University of Michigan

PROPOSED TERM OF STUDY					
When do you plan to attend?	Fall Winter	How many semesters?	One Two		
APPLICANT INFORMATION					
Title:	Last Na	me			
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 Post-doc Masters Other	Lecturer Doctorate Undergraduate	Doctorate		
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:			Co	untry:			
Degree:	Doctoral	Ma	aster'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!