

NOMINATION FORM

Franklin College of Arts and Sciences International Visiting Professor

NOMINATED BY:
DEPARTMENT:
EMAIL:
VISITING PROFESSOR NOMINEE
VISITING FACULTY NAME and INSTITUTION: NOMINEE NAME:
NOMINEE'S HOME INSTITUTION:
COURSE PROPOSED PREFIX(S) & NUMBER(S) FOR COURSE PROPOSED:
Split Level Cross Listed COURSE TITLE:
DATES PROPOSED FOR VISIT ARRIVAL and DEPARTURE dates for this semester-long teaching visit: Arrival date:
Departure date:

DEPARTMENTAL RESPONSIBLITY

PLEASE NOTE: It is the host department's responsibility to cover the following expenses:	
 All visiting professor visa and immigration costs; 50% of the cost of housing at the UGA Health Sciences Campus or equivalent 	ıt.
Signature and Name of Department Head or Director accepting this responsibility	lity:
Head/Director signature	
Head/Director name printed here	

DEPARTMENT RESPONSIBILITY

It is the host department's responsibility to arrange and pay for all International Visiting Professor visa and immigration costs. The department is also expected to reserve housing at the UGA Health Sciences Campus, or equivalent. Once a reservation and estimated cost is confirmed, the Franklin College will transfer 50% of this cost to the department, so that the department may pay the full invoice for housing.