Vice-President, Research and Innovation



Revised: April 15, 2025

**Visiting Scholar Appointment Request Form**

Complete this form by placing a (X) in the appropriate boxes and filling in the blanks. Forward the completed form, CV, and award/authorization letters *(if applicable)* to your Chair and Dean to obtain signature approval. Once the signatures have been obtained, please attach CV, and all applicable documents to this form and forward them to the office of the Vice-President of Research for final approval and a Letter of Invitation to be issued. **There is no remuneration for a Visiting Scholar appointment.**

**A minimum of 10 business days is required for the review and processing of the Letter of Invitation. Additional time may be required if further information is needed.**

**Visiting Scholar:**  [ ]  New [ ]  Renewal

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| **PERSONAL INFORMATION:** |
| Surname: Click or tap here to enter text. | Given names: Click or tap here to enter text. |
| Home address: Click or tap here to enter text. |
| E-mail address: Click or tap here to enter text. |
| Citizenship: Click or tap here to select. | Other – Country of Citizenship\*: Click or tap here to enter text. |
| ***NOTE:*** *International Visiting Scholars require a work permit. Human Resources must submit an Offer of Employment and Employer compliance Fee of $230.00\* to Immigration, Refugees and Citizenship Canada (IRCC) for them to be eligible to apply for a work permit. The current Employer Compliance Fee is $230.00\* and must be paid by the Visiting Scholar or Faculty Sponsor.**Please provide ample time for the processing of international Visiting Scholars. Normally, at least six (6) months of lead time is suggested to ensure that all documents are in place. You should consult with the Human Resources Immigration Consultant for further information.* ***The work permit issued by IRCC is specific to their Visiting Scholar affiliation with the University of Winnipeg. The work permit does not authorize them to work at the University of Winnipeg or elsewhere (i.e.: teaching CAS).*** |

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| **DOCTORAL DEGREES EARNED:** |
| Most recent degree: Click or tap here to select. | Other – Specify: Click or tap here to enter text. |
| Department/Institution: Click or tap here to enter text. |
| Date degree requirements met *(including thesis defense and submission for graduation)*: Click or tap to enter a date. |

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| **VISITING SCHOLAR EXPERIENCE:** |
| Number of Visiting Scholar positions held? Click or tap here to enter text. |

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| **VISITING SCHOLAR APPOINTMENT:** |
| The travel cost and expenses for the Visiting Scholar’s appointment will be covered by:Home Institution: [ ]  Other: [ ]  – please indicate: Click or tap here to enter text. |
| Is the Visiting Scholar granted a full paid leave from the period of their stay in Canada? [ ]  Yes [ ]  No   |
| Will the Visiting Scholar be retaining their position at their home institution during this time? [ ]  Yes [ ]  No  |
| Start date of appointment: Click or tap to enter a date. | Duration of appointment: Click or tap here to enter text. |
| Academic unit: Click or tap here to enter text. |
| Faculty sponsor(s): Click or tap here to enter text.  |
| Description of the nature of the activities the Visiting Scholar will be involved in:*(e.g.: Mutual collaborations and exchanges, community engagements, networking, undertaking research initiatives, guest lecturing, assisting and mentoring student researchers, etc.)*Click or tap here to enter text. |
| During the duration of this appointment, is travel a requirement of this Visiting Scholar position? [ ]  Yes [ ]  No |
| If yes, are health insurance costs, visa costs, and other related travel costs to be covered by the Visiting Scholar, their home institution or by the faculty sponsor? Please explain the arrangements: Click or tap here to enter text. |
| Special conditions applicable to the appointment; if any, please indicate: Click or tap here to enter text. |
| ***NOTE:***  *Office space is not a condition upon appointment (if available and may be shared). Please consult with your Department Chair/Faculty Dean to confirm availability or the Space Management Committee for any other requests.* |

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| **INTERNATIONAL VISITING SCHOLARS:** *(if applicable)* |
| [ ]  Research grant account #: Click or tap here to enter text. for the $230.00\* Employer Compliance Fee *(Applicable only to Other – Country of Citizenship)* |

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| **CHECKLIST (X):** *(All information below must be received in order for the Visiting Scholar – Letter of Invitation to be completed)* |
| [ ]  Curriculum Vitae attached |
| [ ]  Department Chair Name: Click or tap here to enter text. | Signature:  |
| [ ]  Faculty Dean Name: Click or tap here to enter text. | Signature:  |