Visiting Scholar Personal Interest Form
School of Education, IU Bloomington

Name__________________________________________
(Family) (First) (Middle)

☐ Male
☐ Female

International Scholar From ________________________________
(City & Country)

Position, title, or occupation in home country __________________________________________

Name & address of institution, agency or organization that you are affiliated within your home country?
____________________________________________________

To be accompanied by family?
☐ NO
☐ YES. if Yes. how many accompanying dependents?________________

Duration of stay at IU
From (month) __________ (day)__________ (Year)
To (month) __________ (day)__________ (Year)

What do you plan to have as your primary activity at IU?
☐ Attend classes
☐ Research
☐ Other

What is your academic area of interest? ________________________________________________

To which department in the School of Education are you applying?
____________________________________________________
Would you be interested in speaking to students or faculty about your areas of interest?

What will be the source of funding for your visit?

Have you previously been at IU? NO ( ) YES ( ), if Yes, give approx. dates and in which capacity (e.g. student, visitor)

What is your present address?

Your E-mail address?

Your fax number (if available)

**You will be notified by the Office of the Dean of the School of Education if the academic department you select will be able to host you.**