



Questrom School of Business
Visiting Scholar Appointment Request

- I. Instructions: Please complete all sections of the application and attach required supporting documents. The completed form and packet materials should be submitted electronically to: smgfacac@bu.edu. Thank you!

Date of Application: _____

Questrom Hosting Department: _____

Proposed appointment cycle:

Appointment Category:

- ☐ January 15 for Summer Session Appointments: June 1 – August 31
Anticipated visit start and end dates: _____.
- ☐ August 15 for Winter Term Appointments: January 1 – May 31
Anticipated visit start and end dates: _____.
- ☐ March 31 for Fall Term Appointments: September 1 – December 31
Anticipated visit start and end dates: _____.
- ☐ Academic Year Appointment Period: July 1, 20____through June 30, 20____.
- ☐ Alternate Appointment Period (please specify):_____.

☐ Visiting Researcher

☐ Visiting Faculty

II. Candidate and Sponsor Information:

Name: _____

Home Institution: _____

Address: _____

Date of Birth: _____

Address 2: _____

E-Mail Address: _____

City, State _____

Country/Zip Code _____

Current Title: _____

Proposed Rank: _____

Faculty Sponsor: _____

Sponsor Signature: _____

Terms and Conditions Requested:

Initial Appointment? ☐ Yes ☐ No

Reappointment? ☐ Yes ☐ No

Proposed Duration: Three Months: ☐ Six Months: ☐ One Year: ☐ Other: ☐

VISA Support Required? ☐ Yes ☐ No Work/Office Space Requested? ☐ Yes ☐ No

Salary: _____ Funding Source: _____
(For Visiting Faculty Appointments)

Approval Routing

Chair/Director Signature

Associate Dean
Finance and Administration Review (Space and Compensation)
☐ Approved
☐ Not Approved

Senior Associate Dean

Notes for Processing