



LOYOLA UNIVERSITY MARYLAND

— 1852 —

Non-Compensated Visiting Scholar Information Form

I. Visiting Scholar Information

Last Name

First Name

Date of Birth (MM/DD/YYYY): _____

Email _____

Address: _____

Phone Number: _____

Highest degree earned; Name of awarding institution _____

Position Title _____

Name of Current Employer/Institution _____

II. Visiting Scholar Appointment Information

Loyola Host Department/School _____

Dates of Appointment (MM/DD/YYYY): From: _____ To: _____

Comments/Special Notes: _____

Dean Name

Provost/Designee Name

Dean Signature

Provost/Designee Signature

Date Signed (MM/DD/YYYY)

Date Signed (MM/DD/YYYY)

Please submit to the corresponding dean once completed.