VISITING SCHOLAR/POST DOC APPOINTMENT
COMPUTER SCIENCE DEPARTMENT

PART I. FACULTY RECOMMENDATION

Faculty, please fill out part I and have your VS/PD fill out part II. Return the completed form to your coordinator of research programs by specified deadline date.

Name of Scholar/Post Doc_____

Last First M.

Proposed stay at UIC: From _____ To _____

Percentage of time: _____ Account to be charged: _____

Faculty Name and Signature Date Account Approved (CRP) Date

PART II. TO BE COMPLETED BY VISITING SCHOLAR/POST DOCTORAL

Social Security Number: _____

Address: _____

City State Zip Code Phone No.

Were you ever a visiting scholar/post doctoral in this or another department? _____ . If yes, please indicate your home dept. : _____ If no, scholar/post doctoral must see Assistant to the Head in Room 1116 SEO to complete appropriate forms by deadline.

GENERAL REQUIREMENTS:

1) International scholars should contact the Office of International Services regarding registration requirements.

2) All appointments are subject to final approval by the CS Department and the Board of Trustees of the University of Illinois. Please keep in mind that you must be eligible to work in the U.S.A. in order for this offer to be valid

I hereby accept this offer of visiting scholar/post doctoral and will abide by the general requirements as stated above.

Visiting Scholar/Post Doctoral Signature Date

PART III. CS DEPARTMENT APPROVALS

Dept. Head Approval: _____ Date: _____