



a place of mind

UBC Okanagan Campus INVITED INTERNATIONAL DISTINGUISHED VISITOR FUND

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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IDENTIFICATION	
APPLICANT SURNAME:	APPLICANT GIVEN NAME
FACULTY:	DEPARTMENT:
CONTACT INFORMATION	
TELEPHONE:	E-MAIL ADDRESS:
VISITOR INFORMATION	
VISITOR SURNAME:	VISITOR GIVEN NAME:
TELEPHONE:	E-MAIL ADDRESS:
HOME INSTITUTION:	
HOME INSTITUTION ADDRESS:	
PROPOSED ARRIVAL DATE:	PROPOSED DEPARTURE DATE:
VISITOR'S CV ATTACHED	YES
FUND CRITERIA ATTACHED	YES
CONFLICT OF INTEREST	
I declare that no conflict of interest (per UBC Policy #97) will arise from my sponsorship of my international colleague's visit. For more information on conflicts of interest, please see the following website: http://universitycounsel.ubc.ca/coi/	

SIGNATURE SECTION

I verify that all the information contained with this application is true and complete, to the best of my knowledge. I also agree to all the program terms specified above, including conflict of interest.

NAME:

SIGNATURE:

DATE:

DEPARTMENT/UNIT HEAD (where applicable)

NAME:

SIGNATURE:

DATE:

DEAN OR DEAN DESIGNATE

NAME:

SIGNATURE:

DATE:

UBC INSTITUTIONAL SIGNATURE

NAME:

SIGNATURE:

DATE:

VISITING APPLICANT

I agree that I am legally able to travel and reside in Canada for _____ weeks, and have the support and permission of my home institution to do so.

NAME:

SIGNATURE:

DATE:

When the application is complete, submit the original copy of the application to the Office of Research Services at UBC Okanagan. The application must be received by 12:00 pm on the deadline day.

**Office of Research Services, UBC Okanagan Campus
FIPKE 336**