

**Visiting Scholar Personal Interest Form  
School of Education, IU Bloomington**

- Male
- Female

Name \_\_\_\_\_  
(Family) ( First ) (Middle)

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.**