**Application for Visiting Scholar Position**

**Name:**

**Title:**

**Home Institution/Affiliation:**

**Address:**

**Email:**

**Phone Number:**

**Country of Citizenship:**

**Proposed Dates** (dates you wish to be a Visiting Scholar at the USC Chan Division):

**Area of Interest:**

**Narrative**

Please describe your reasons for wanting to spend time at the USC Chan Division of Occupational Science and Occupational Therapy as a visiting scholar, and how these scholarly pursuits will contribute to the overall mission of the USC Chan Division. Please respond to the following prompts:

1. Describe **the overall purpose for your time** at the USC Chan Division, as it relates to the Division’s ***research***, ***education/teaching***, and/or ***clinical practice*** arms:
2. Identify **key objectives** for your experience:
3. Describe **the activities you hope to engage in** while at USC’s Chan Division (e.g., visiting classes; attending research seminars; visiting Chan Division clinical settings; attending the SOTI program):
4. Describe **how you expect your contributions during your stay at USC will support the mission of the USC Chan Division** (e.g., guest lectures; research or clinical consultation in your area of expertise; contribution to the Chan Division’s international projects):

**Chan Division Resources Requested**

1. Please list **the Chan faculty members you wish to work with** (please refer to faculty list here <http://chan.usc.edu/faculty>):
2. Please **describe how you envision working with each of the faculty members** you have identified above. Be sure to identify how much interaction you would expect with each of them.
3. **Space/Equipment Needs**: Will you require any space/equipment other than access to a desk and a computer? Please describe below.
4. Other Division resources or special requests:

\*Please attach a Curriculum Vitae or Resume with your visiting scholar application.

**Approval of Visiting Scholar**

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Grace Baranek, PhD, OTR/L, FAOTA Date

Associate Dean and Chair

**Primary Faculty Mentor/Sponsor for applicant**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_