

# Visiting Scholars Program Inquiry

First Name(s) \_\_\_\_\_ Last Name(s)/Surname(s) \_\_\_\_\_

Email address \_\_\_\_\_

Birthdate (month/day/year) \_\_\_\_\_ Male/Female \_\_\_\_\_

Marital Status \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Permanent Legal Residence \_\_\_\_\_

Highest Degree Earned \_\_\_\_\_

Current Occupation \_\_\_\_\_

Name of Institution and City/Country of Employment \_\_\_\_\_

Health Restrictions \_\_\_\_\_

Desired Program Dates: (specify which calendar year, doing so at least 9 months in advance)

Spring: January 15 - May 15 (Year) \_\_\_\_\_

Summer: June 1 - August 15 (Year) \_\_\_\_\_

Fall: August 20 - December 15 (Year) \_\_\_\_\_

Project while on campus/Area of research (give specifics):

Demonstrated English Language Proficiency \_\_\_\_\_

Is your institution or organization a partner with Asbury Theological Seminary? \_\_\_\_\_

CV (attach to your application)

Letter of sabbatical approval by institution (we will request this later after we have reviewed your file)