



VISITING SCHOLAR APPLICATION  
University of Washington  
Timothy A. DeRouen Center for Global Oral Health  
School of Dentistry  
Box 356365  
Seattle, WA 98119-6365, USA

**Today's Date (MM/DD/YYYY)** \_\_\_\_\_

**PERSONAL INFORMATION – List your name as it appears on your passport**

|                                |       |
|--------------------------------|-------|
| Last Name                      | _____ |
| First Name                     | _____ |
| Middle Name                    | _____ |
| Position & Title               | _____ |
| Date of Birth (MM/DD/YYYY)     | _____ |
| City of Birth                  | _____ |
| Country of Birth               | _____ |
| Country of Citizenship         | _____ |
| Country of Permanent Residence | _____ |

**CONTACT INFORMATION**

|              |       |
|--------------|-------|
| Home Address | _____ |
| City         | _____ |
| Postal Code  | _____ |
| Country      | _____ |
| Email        | _____ |
| Phone        | _____ |

**INSTITUTIONAL INFORMATION**

|                        |       |
|------------------------|-------|
| University Affiliation | _____ |
| Faculty Title          | _____ |
| University Address     | _____ |
| City                   | _____ |
| Postal Code            | _____ |
| Country                | _____ |

## ENGLISH PROFICIENCY INFORMATION

Number of years you have studied English \_\_\_\_\_  
Have you ever taken a TOEFL test? \_\_\_\_ Yes \_\_\_\_ No  
If yes, date taken: \_\_\_\_\_  
Overall score: \_\_\_\_\_

## VISITING SCHOLAR INFORMATION

Start Date (MM/DD/YYYY) \_\_\_\_\_  
End Date (MM/DD/YYYY) \_\_\_\_\_  
Total Number of Months \_\_\_\_\_  
Research Area \_\_\_\_\_  
Suggested Name(s) of Faculty Sponsor \_\_\_\_\_  
Source and Amount of Funding (for entire period)  
\_\_\_\_\_

I acknowledge that the visiting scholar fee is \$1650/month and should I be accepted into the program, it is my responsibility to submit payment according to the policies of the DeRouen Center for Global Oral Health. *Please sign below*

\_\_\_\_\_

By submitting this form, you attest you have read through all of the DeRouen Center Visiting Scholar information and acknowledge the fees structure.

### ADDITIONAL MATERIALS TO SUBMIT

In addition to this application you must submit:

- Curriculum Vitae
- Letter of recommendation from your home institution
- Statement of Purpose (an outline of your goals for your visit)
- Documentation of English proficiency: The TOEFL-IBT (Test of English as a Foreign Language) with a minimum score of 92.
- Faculty advisor approval (if applicable)
- Letter of financial support from sponsoring institution
- Proof of any additional funding required to meet the funding minimum
- Proof of highest academic degree