FACULTY HOST FORM

Faculty host must complete this form with description of proposed research, confirmation of qualifications, and language assessment.

1. Visitor Information

   Last Name:

   First Name:

   Visitor's Email Address:

2. Program
   Start Date (MM/DD/YYYY):
   End Date (MM/DD/YYYY):
   (Maximum: 5 years)

3. Will you be providing a work desk or space and departmental computer for this visitor?

   Yes. Please advise the location of this space:
   No.

4. Visitor's Estimated Financial Support:
   If funding is non-University of Illinois funding, proof of financial support is required. Proof of funding must be in written form from the provider with recent dates. If from an organization or employer, it must be on letterhead. If from an individual such as a parent, it should be a notarized statement of intent to provide funding and specify the amount and time period, and include bank verification of funds. If it is the visitor's own funds, bank verification is needed. (Minimum: $1,700/month for the visitor, $600/month for spouse and $300/month for each child)

   a. If the scholar will be paid from a university account, please advise the monthly stipend amount and the account number.

5. CFOP Account # for ISSS Processing Fee ($150) &
   document shipping:
   (Unallowable on grant funds)

6. Please provide a **detailed** description of the proposed research or teaching activity, etc.:

7. The credentials of this prospective exchange visitor have been evaluated. He/she has a minimum of a bachelor's degree plus experience in the field and is considered to be qualified to pursue the objectives described above in this department.

       Yes   No, but is qualified.

8. Language Assessment: After we have the application started in the iSTART system, you will receive an automatic email to provide the language assessment information directly into this system.

_____   _____
Signature of Faculty Host   Date

_____   _____
Name of Faculty Host   Phone

_____   _____
Campus Address   E-mail