

COURTESY APPOINTMENT NOMINATION FORM

Please use this Template to nominate the Exchange Visitor.

Name and title of NEIU Nominator:

Department of NEIU Nominator:

Name of Visiting Nominee:

Academic Title of Visiting Nominee:

Home University:

Home city & country:

Does this university have an MOU with NEIU that is current? ____ yes ____ no

Type of Appointment (check the one that applies):

Exchange Visitor Category	Description	Min/Max Program
Research Scholar & Professor	Teaching <input type="checkbox"/> Lecturing <input type="checkbox"/> Research <input type="checkbox"/>	3 weeks-5 years
Short-Term Scholar	Observing <input type="checkbox"/> Consulting <input type="checkbox"/> Training <input type="checkbox"/> Lecturing <input type="checkbox"/> Demonstrating <input type="checkbox"/> Artistic/Performer <input type="checkbox"/>	1 day – 6 months
Specialist	Observing <input type="checkbox"/> Consulting <input type="checkbox"/> Demonstrating <input type="checkbox"/>	3 weeks -12 months
College & University Student Intern	Student Intern <input type="checkbox"/>	3 weeks – 12 months

Check (1) one: New Appointment _____ Renewal of Current Appointment ____

Duration of Appointment (up to one year, renewable): From _____ to _____

Please return this form and all necessary attachments to the Office of International Programs with the following signatures:

Unit Head: _____

Date: _____, 202__

College Dean: _____

Date: _____, 202__

Provost: _____

Date: _____, 202__

President: _____

Date: _____, 202__

Please fill in the following form letter so that the president can get it issued quickly:

DATE: _____, 202__

ADDRESS (of proposed visitor) XXX

Dear Professor XXX,

Thank you for your email inquiring into the possibility of coming to Northeastern Illinois University as a visiting scholar for the _____, 20__ semester in the Department of _____. I am pleased to inform you that we are willing to accept you in this capacity at our university during the period from _____ to _____, 20__ [[provide exact arrival and departure dates]].

Please be advised there is an established university policy requiring visiting scholars to pay a fee of USD 1,000 per month to cover the access, processing and overhead costs while you are a scholar in residence. Based upon this fee, you will be entitled to audit any approved courses you desire on a non-credit basis to support your personal development and/or research agenda. We are also able to provide you with a university ID card which grants you access to our university library, the computer labs, recreational facilities, and university Internet.

During your time at Northeastern Illinois University, Professor _____ from the Department of _____ will serve as your academic mentor for professional activities at Northeastern Illinois University.

Based upon these considerations, please confirm your acceptance of these terms in writing as soon as possible.

We look forward to hearing from you.

Sincerely,

Gloria Gibson, Ph.D.
President, Northeastern Illinois University

Cc: Cris Toffolo, Ph.D., Interim Director of International Programs
[_____, Dean of the _____]