NOMINATION FORM
Franklin College of Arts and Sciences
International Visiting Professor

NOMINATED BY: ____________________________________________

DEPARTMENT: ____________________________________________

EMAIL: ____________________________________________

VISITING PROFESSOR NOMINEE
VISITING FACULTY NAME and INSTITUTION:
NOMINEE NAME: ____________________________________________

NOMINEE’S HOME INSTITUTION: ____________________________________________

COURSE PROPOSED
PREFIX(S) & NUMBER(S) FOR COURSE PROPOSED:

☐ Split Level ☐ Cross Listed

COURSE TITLE: ____________________________________________

DATES PROPOSED FOR VISIT
ARRIVAL and DEPARTURE dates for this semester-long teaching visit:

Arrival date: ____________________________________________

Departure date: ____________________________________________
DEPARTMENTAL RESPONSIBILITY

PLEASE NOTE:
It is the host department’s responsibility to cover the following expenses:

• All visiting professor visa and immigration costs;
• 50% of the cost of housing at the UGA Health Sciences Campus or equivalent.

Signature and Name of Department Head or Director accepting this responsibility:

_______________________________________________________________
Head/Director signature

_______________________________________________________________
Head/Director name printed here

DEPARTMENT RESPONSIBILITY
It is the host department’s responsibility to arrange and pay for all International Visiting Professor visa and immigration costs. The department is also expected to reserve housing at the UGA Health Sciences Campus, or equivalent. Once a reservation and estimated cost is confirmed, the Franklin College will transfer 50% of this cost to the department, so that the department may pay the full invoice for housing.