UBC

**UBC Okanagan Campus  
Invited International Distinguished Visitor Fund**

***For Administrative Use Only***

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| **FAS Number** | | **Date Received** |
|  | | | | |
| **Identification** | | | | |
| Applicant Surname: | | | Applicant Given Name | |
| Faculty: | | | Department: | |
| **Contact Information** | | | | |
| Telephone: | E-mail Address: | | | |
| **Visitor Information** | | | | |
| Visitor Surname: | | | Visitor Given Name: | |
| Telephone: | E-mail Address: | | | |
| Home Institution: | | | | |
| Home Institution Address: | | | | |
| Visitor’s CV Attached Yes | | | | |
| **Fund Criteria Attached** Yes | | | | |
| **Conflict of Interest** | | | | |
| I declare that no conflict of interest (per UBC Policy #97) will arise from my sponsorship of my international colleague’s visit. For more information on conflicts of interest, please see the following website: <http://universitycounsel.ubc.ca/coi/> | | | | |

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| **Signature Section** | | |
| I verify that all the information contained with this application is true and complete, to the best of my knowledge. I also agree to all the program terms specified above, including conflict of interest. | | |
| Name: | Signature: | Date: |
| **Department/Unit Head** (where applicable) | | |
| Name: | Signature: | Date: |
| **Dean or Dean Designate** | | |
| Name: | Signature: | Date: |
| **UBC Institutional Signature** | | |
| Name: | Signature: | Date |
| **Visiting Applicant** | | |
| Name: | Signature: | Date: |
| When the application is complete, submit the original copy of the application to the Office of Research Services at UBC Okanagan. The application must be received by 12:00 pm on the deadline day.  **Office of Research Services, UBC Okanagan Campus**  **FIPKE 336** | | |