

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

***For Administrative Use Only***

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| **FAS Number** | **Date Received**  |
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| **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** |