



Application for the Robert and René Glidden Visiting Professorship

Date: _____

Name of Proposed Visiting Professor: _____

Visiting Professor University or Affiliation: _____

Academic Year of Visit: _____

Duration of Visit: _____

Funding Amount Requested: _____

Hosting Department/School/Program: _____

Please attach the following to this form:
* A nomination statement.
* A complete, up-to-date curriculum vitae for the nominee.
* A letter from the candidate certifying his/her availability for the professorship.
* Supporting letters from other departments or programs involved in hosting the candidate, if applicable.
* A budget detailing the basis for the funding request.

Please obtain all applicable signatures below. If a signature is not applicable indicate with "N/A".

Nominator Name Signature Date

Chair/Director/Program Head Signature Date

Dean Signature Date

Exec. Dean of Regional Campuses (if applicable) Signature Date