



Visiting Scholar Application
Eastman School of Music

Name _____ ☐ Male
☐ Female

Present address _____

Phone _____ Fax (if available) _____

e-mail _____

Position, title, or occupation _____

Name & address of institution, agency or organization with which you are affiliated?

What is your academic area of interest? _____

To which department at Eastman are you applying? _____

Would you be interested in speaking to students or faculty about your areas of interest?

Duration of stay at Eastman From (month) _____ (day) _____ (Year) _____

To (month) _____ (day) _____ (Year) _____

What do you plan to have as your primary activity at Eastman?

- ☐ Attend classes
- ☐ Research
- ☐ Other

What will be the source of funding for your visit? _____

To be accompanied by family?

- ☐ NO
- ☐ YES, if Yes, how many accompanying dependents? _____

Have you previously been at Eastman? ☐ NO ☐ YES, if Yes, give approximate dates and in which capacity (e.g. student, visitor) _____
