



To be completed by Sponsor.

SECTION I: VISITOR INFORMATION

_____	_____	_____
First Name	Middle Name	Family Name
_____	_____	_____
Institution/Facility	Job Title	
_____	_____	_____
Proposed Arrival Date (mm/dd/yyyy)	Proposed Departure Date (mm/dd/yyyy)	
_____	_____	_____
Email Address	Phone (with country code)	
_____	_____	_____
Citizen of (country)	Legal Permanent Resident of (country)	

If not a U.S. citizen, are you requesting the Shull Wollan Center sponsor their Visa? _____

Are you able to act as ORNL Host for this visitor? _____

If not, please provide the name and contact information for an individual who can.

SECTION II: PURPOSE OF VISIT

Provide a brief description of the research activities the visitor will be participating in.

SECTION III: SUBMITTING APPLICATION

Please email the completed application form along with a copy of the visitor's current **Curriculum Vitae** to swc-jins@tennessee.edu.

Questions regarding the application form and requested materials should be directed to swc-jins@tennessee.edu.