

Columbia Theological Seminary Visiting Scholar Application

Please include with this completed application 1) a brief statement of purpose for your time at Columbia, 2) your current CV/resume, 3) a recent photo of yourself, and 4) a statement from your home institution indicating yours is an authorized sabbatical. You may return this application via regular mail, e-mail, or FAX using the information that appears at the bottom of this form.

*NOTE: Provide your name **EXACTLY** as it appears in your passport.

Title: (Dr., Rev., Ms., etc.) _____

FAMILY NAME* _____

First (Given) Name* _____

Middle Name* _____

Current Mailing Address (**PLEASE** include postal code!) _____

E-mail Address: _____

Telephone Number: Day (_____) _____ Evening (_____) _____

Dates you wish to be at Columbia Seminary Start _____ End _____
month/day/year month/day/year

Will your spouse accompany you?	Yes _____	No _____
Will your children accompany you?	Yes _____	No _____
If, "Yes", number of children _____	Ages/Genders _____	

Home institution or governing church body _____

Religion or denominational affiliation _____

Position (professor, pastor, etc.) _____

Country of Citizenship _____ Legal permanent resident of what country? _____

City **AND** Country of Birth _____

How might you contribute to the life and learning of our Seminary community while you are in residence? _____

What are your plans for financing your sabbatical leave/stay at Columbia? _____

What if any support might you need from the limited funds Columbia has for support of visiting scholars? _____

Return application and requested items to:

International Programs Office/29F
CTS, P.O. Box 520
Decatur, GA 30031 USA
FAX 404-377-9696
intlprog@ctsnet.edu

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