



# SHULL WOLLAN CENTER

## VISITING RESEARCHER APPLICATION

### SECTION I: PERSONAL DATA

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First Name	Middle Name	Family Name
_____	_____	_____
Institution/Facility	Job Title	
_____	_____	
Proposed Arrival Date (mm/dd/yyyy)	Proposed Departure Date (mm/dd/yyyy)	
_____	_____	
Mobile Phone (with country code)	Email Address	
_____	_____	
Mailing Address: _____		
_____		
_____		

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Citizen of (country)	Legal Permanent Resident of (country)
_____	_____

If not a U.S. citizen, indicate your current immigration status in the U.S.

<input type="checkbox"/> N/A - U.S. Citizen	<input type="checkbox"/> J-1
<input type="checkbox"/> U.S. Permanent Resident	<input type="checkbox"/> H-1 Temporary Worker
<input type="checkbox"/> B-1 Business	<input type="checkbox"/> WB
<input type="checkbox"/> B-2 Tourist	<input type="checkbox"/> WT
<input type="checkbox"/> Not a U.S. permanent resident, no current U.S. Visa	

### SECTION II: PROFESSIONAL INFORMATION

Area(s) of Specialization: \_\_\_\_\_

\_\_\_\_\_

Research Topic while Visiting the Shull Wollan Center (brief description): \_\_\_\_\_

\_\_\_\_\_

ORNL Sponsor (name & email): \_\_\_\_\_

UTK Sponsor (name & email): \_\_\_\_\_

**SECTION III: CHECKLIST**

\_\_\_\_ Completed Application Form

\_\_\_\_ Description of Research

Compose and attach a 1-page summary of the research you propose to undertake while visiting the Shull Wollan Center and ORNL.

\_\_\_\_ Curriculum Vitae (CV)

\_\_\_\_ Letters of Recommendation from Sponsors

**SECTION IV: SUBMITTING APPLICATION**

You may email\* (preferred), fax, or mail your application and requested materials to:

Shull Wollan Center  
Visiting Researcher Program  
Oak Ridge National Laboratory  
P.O. Box 2008, MS-6453  
Oak Ridge, TN 37831-6453, USA

[hmoore2@utk.edu](mailto:hmoore2@utk.edu)

Fax: +1-865-576-8631

\*When emailing application materials, please send them via a secured system.

Questions regarding the application form and requested materials should be directed to [hmoore2@utk.edu](mailto:hmoore2@utk.edu).

I certify that the information I have provided on this application form and in any attached materials is accurate to the best of my knowledge. I understand that the Shull Wollan Center may verify information included on my application. I agree to notify the Shull Wollan Center of any changes in the above information or of any further information that might affect my eligibility for consideration as a Visiting Researcher.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date