

SHORT-TERM RESEARCH SCHOLAR FORM

Host Institution

Name:

Address:

Phone:

Hereby certifies that the Short-term Research Scholar

Name:

Date of Birth:

Address:

Phone:

Will work on a research project at Illinois Institute of Technology as part of his/her degree program at
(name of home institution).

Project duration: Start Date:

End Date:

Number of weeks/months:

Project title:

Project subject:

Research Supervisor at Illinois Tech:

Name:

Position:

Department:

Address:

Phone:

Email:

Signature:

Date: (MM/DD/YY)

Name of the contact person at the Sending institution:

Position of the contact person at the Sending institution:

Phone:

Email address:

Signature:

Date: (MM/DD/YY)

☐ Has completed his/her research project☐ Will complete his/her research project