

Visiting Professorship Renewal Form

To ensure that the University can process applications to renew visiting professorships, please complete the form below and, together with a copy of the candidate's CV to: <u>Profcall@staffs.ac.uk</u>

Nominating School or Service

Member(s) of staff with whom the visiting professor has worked

Contact details for visiting professor			
Title			
(Mr/Mrs/Prof/Dr)			
First Name			
Surname			
Title of post currently held			
Employer			
Address			
Telephone			
Email			

Contact details for correspondence, if different from above				
Address				
Telephone				
Email				
Summary of Visiting Profe	ssor's contribution to the School/Service during previous			
three years (include dates	where appropriate)			
•				

International links						
Is the nominee based outside the UK? (yes/no)		If yes, please state country of residence:				
Does the nominee have contacts/working relationships with other						
international partners? (yes/no)						
	_					
If you answer YES to either question above, please ensure the nominee is familiar with the						
University's Export Control Policy						
The nominee will be required to complete appropriate Export Control training. Please confirm that they will be able to do so upon successful nomination:						
	·					

Case for renewal of the Visiting Professorship

Please summarise below how the renewal of the visiting professorship would contribute to the reputation and work of the University

Future contribution to the School/Service with specific reference to the University's Strategic Plan

Please list below the expected contribution over the next three years

Criteria	Nature of Contribution to the University	% of VP's proposed contribution
Research & Knowledge		
Transfer		
Teaching Excellence		
Leadership and/ or Professional Citizenship		

Resources required to support the renewal of the visiting professorship

(itemised list with approximate costs)

Immigration, Asylum & Nationality Act Requirements

Right to work in the UK status confirmed and documents checked.

By Whom:

Date:

School/SMT approval

Application Approved by

Signed:

Date:

To be completed by Research Innovation and Impact Services (RIIS)

Date application referred to Professorial Conferment Committee:

PCC Decision:

Renewal Date: