$\frac{Requests\ from\ Domestic/International\ Scholars\ to\ visit\ the\ City\ Institute\ at\ York}{University\ (CITY)}$

Name:

3) We are not able to offer y working/visitor permits and and/or funding. Please prov	securing fun	ding from your	home institution to pay	~ ~
☐ I understand that I am resvisitor permits.	ponsible for	bearing all of th	ne costs associated with	working and
4) I understand that I am resassociated expenses for both		_		_
5) The Institute can provide the services you may requir	_	olars with the fo	llowing arrangements.	Please check all
□ A shared work space;				
□ Internet access; and				
□ A York library card.				
6) Visiting scholars are expedience circle below how ma			•	_
1 day 2 days	3 days	4 days	5 days	
Signature		Date		
Please complete this form, a the email confirmation from				

all documents via **email** to:

City Coordinator The City Institute at York University (CITY) 7th floor, Kaneff Tower 4700 Keele Street Toronto, Ontario, Canada M3J 1P3

Email: city@yorku.ca

Thank you for your application. All visiting scholar applications must be approved by the City Institute's Executive Committee and you will be contacted once a decision has been reached.