CENTER FOR LATIN AMERICAN STUDIES

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TINKER VISITING PROFESSOR NOMINATION FORM

Name of Nominee:		
Address:		
Telephone:	(Office)	(Other)
Fax:	(Onice)	(Otrici)
Email Address:		
Institution and Year of Hig	her Degree:	
Field of Study:		
Name of Nominator:		
Department:		
Email Address:		
Telephone:	(Office)_	(Other)
Department Student Servi	ces Contact:	
Email Address:		
Telephone:	(Office)	(Other)
Please submit application	materials via email, fax, or ID ma	il to:

Elizabeth Sáenz-Ackermann, Associate Director esaenz@stanford.edu 582 Alvarado Row, MC: 8545

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Application deadline: JANUARY 15, 2016 for the 2016-2017 academic year.