

CENTER FOR LATIN AMERICAN STUDIES
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TINKER VISITING PROFESSOR NOMINATION FORM

Name of Nominee:

Address:

Telephone:

_____ (Office) _____ (Other)

Fax:

Email Address:

Institution and Year of Higher Degree:

Field of Study:

Name of Nominator:

Department:

Email Address:

Telephone:

_____ (Office) _____ (Other)

Department Administrative Contact:

Email Address:

Telephone:

_____ (Office) _____ (Other)

Please submit application materials via email, fax, or ID mail to:

Elizabeth Sáenz-Ackermann, Associate Director
esaenz@stanford.edu
582 Alvarado Row, MC: 8545
Fax: (650) 723-9822

Application deadline: JANUARY 29, 2016 for the 2016-2017 academic year.