

**CENTER FOR LATIN AMERICAN STUDIES**

582 Alvarado Row, Stanford, CA 94305-8545 Telephone (650) 725-0383

**2020-2021 TINKER VISITING PROFESSOR NOMINATION FORM**

**Nominating Department/Center:** \_\_\_\_\_

|  |
|--|
| Name of Nominee: _____                           |
| Mailing Address: _____<br>_____                  |
| Phone: _____ (Office) _____ (Mobile)             |
| Email Address: _____                             |
| Institution and Year of Highest Degree: _____    |
| Field of Study: _____                            |
| Current Title/Position: _____                    |
| Current Institution: _____                       |
| Proposed Quarter: ( ) Fall ( ) Winter ( ) Spring |

|   |
|---|
| Faculty Nominator: _____                                      |
| Faculty Email Address: _____                                  |
| Department Chair: _____                                       |
| Chair Email Address: _____                                    |
| Department Director of Finance & Operations Contact:<br>_____ |
| Director of Finance & Operations Email Address:<br>_____      |
| Department Contact*: _____                                    |
| Department Contact Email Address: _____                       |

*\*Please provide information of the departmental contact responsible for course scheduling*

Please submit application materials online at:  
<https://forms.gle/bsNyYti887eMroTD9>

Submission Due Date for 2020-2021 Academic Year:  
**JANUARY 31, 2020**