

CENTER FOR LATIN AMERICAN STUDIES

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

2024-2025 TINKER VISITING PROFESSOR NOMINATION FORM

Nominating Department/Center: _____

Name of Nominee: _____
Mailing Address: _____ _____
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: _____
Director of Finance & Operations Email Address: _____
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 2024-2025 Academic Year:
JANUARY 31, 2024