

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/crc4jr6mBvAGJ5149>

Submission Due Date for 2024-2025 Academic
Year: **JANUARY 31, 2024**