

Visiting Scholar Application Form

The Center for Women's Health and Human Rights at Suffolk University

Your name and title _____
Organization _____
Department _____
Street address _____
City _____ State _____
Zip/Postal Code _____ Country _____
Telephone _____ Fax _____
E mail _____
Web site _____

Which of the following areas do you work in? Please check as many as apply.

- | | |
|--|--|
| <input type="checkbox"/> Antiracism | <input type="checkbox"/> Poverty/Welfare |
| <input type="checkbox"/> the Arts | <input type="checkbox"/> Prostitution/Sex Work |
| <input type="checkbox"/> Disability Rights | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Reproductive Rights |
| <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Women of Color |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Women's Human Rights |
| <input type="checkbox"/> Environmental Justice | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Food/Hunger | |
| <input type="checkbox"/> Health and Human Rights | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health Care Provider | |
| <input type="checkbox"/> Immigrant Rights | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Incarcerated Women | |
| <input type="checkbox"/> International | |
| <input type="checkbox"/> Law | |
| <input type="checkbox"/> Lesbian Rights | |
| <input type="checkbox"/> Mental and Emotional Health | |

How would you like to contribute to the Center? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Accept Student Interns | <input type="checkbox"/> Review or Edit Working Papers |
| <input type="checkbox"/> Collaborate on Research | <input type="checkbox"/> Submit a Working Paper |
| <input type="checkbox"/> Give a Presentation | |
| <input type="checkbox"/> Help Organize Events | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Help with Grants or other Written Materials | |
| <input type="checkbox"/> Offer a Site for Research | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Provide Consultation | |
| <input type="checkbox"/> Provide Education or Training | |

Please attach a copy of your vita and return to:

Center for Women's Health and Human Rights
Suffolk University
41 Temple Street
Boston, MA 02114
Attention: Visiting Scholars Program