

## JCard for Visiting Scholars Form

### *Johns Hopkins University*

*The Paul H. Nitze School of Advanced International Studies (SAIS)*

*1740 Massachusetts Avenue, NW Washington, DC 20036*

*Fax: 202-663-5834*

1. **Name of Visitor:** \_\_\_\_\_
  
2. **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(If you do not have a Social Security number, a temporary one will be assigned to you by SAIS)*
  
3. **Date of Birth:** \_\_\_\_\_
  
4. **Period of Appointment:** \_\_\_\_\_ to \_\_\_\_\_  
*(Must be at least 30 days. All JCard privileges, including library privileges, will expire on the last day of appointment.)*
  
5. **Sponsoring Faculty Member:** \_\_\_\_\_
  
6. **Program/Center/Institution:** \_\_\_\_\_

