J-Card for Visiting Scholars/Visiting Research Associates Form

Johns Hopkins University
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Please email the completed form to Christopher Pena at cpena3@jhu.edu

1. Full Name of Visitor: _________________________________

2. JHED: _________________________________

3. Hopkins ID: _________________________________

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: _________________________________