

Harry Ransom Center Visiting Scholar Acceptance Letter
for the London Review of Books (LRB) International Fellowship

Please read the Visiting Scholar Guidelines for important information regarding your fellowship. After reviewing the guidelines, sign and date this letter and return it with the necessary forms. Our receipt of these items **by June 30** will formalize your acceptance of the fellowship.

I, _____, have reviewed the Visiting Scholar Guidelines, including all applicable forms, and accept the Harry Ransom Center Research Fellowship. My tentative arrival date is _____.

I acknowledge that I am responsible for confirming my arrival and departure plans with the Ransom Center's fellowship office at least three months in advance of my arrival. I understand that all payment associated with my award will be processed and issued by the AHRC, and that my appointment as a fellow at the Ransom Center is contingent upon a background check by The University of Texas at Austin. I understand that I will not be compensated by the University of Texas at Austin, nor will I be eligible for Workers' Compensation Insurance (WCI) or unemployment compensation benefits. I understand that I am responsible for securing the appropriate visa paperwork for study in the U.S., as well as my own travel and lodging arrangements, and paying associated fees. I understand that, as a fellow, my name and project title may appear in Ransom Center publicity.

Signature

Date

Provide the following information and forms as described in the Visiting Scholar Guidelines:

- My **UT EID** is _____.
- Nonemployee Research Affiliate Agreement
- Photocopy of a Government-Issued Photo ID

For paperwork processing purposes, please indicate the statement that best describes you.

I am a U.S. citizen/permanent resident with a valid U.S. passport/Alien number.

I am not a U.S. citizen or resident and need to apply for the J-1 Visa.

Please provide the following contact information, to be used in the case of an emergency.

Preferred email address: _____

Emergency contact (name/relationship/phone): _____

Insurance carrier (name/phone): _____

Physician (name/phone): _____