



**UNIVERSITY OF  
CAMBRIDGE**

Faculty of Divinity, West Road, Cambridge, CB3 9BS

## VISITING SCHOLARS

Please complete on arrival in the Faculty (*in capitals*)

NAME \_\_\_\_\_

Cambridge Address
-------------------

Overseas Address
------------------

Email address \_\_\_\_\_

---

**ACADEMIC VISITOR**

FROM ANOTHER UNIVERSITY/INSTITUTION      YES      NO      (please circle)

**STUDENT**

FROM ANOTHER UNIVERSITY/INSTITUTION      YES      NO

VISITING \_\_\_\_\_ (AT THE FACULTY OF DIVINITY)

---