SCHOOL LETTERHEAD

DATE

Dear Professor NAME,

I am pleased to invite you to join NAME OF SCHOOL, DEPARTMENT as an Israel Institute Visiting Faculty Member for ACADEMIC YEAR. Professor NAME (EMAIL) will serve as your faculty contact during your stay with us.

Our expectation is that you will teach NAME OF COURSE in fall semester of YEAR, and NAME OF COURSE in spring semester of YEAR. Both courses will be 3-credit, undergraduate-level courses about modern Israel and will be taught in person on the main campus.

We will seek to cross-list your courses with two other academic units, NAME OF DEPARTMENT and NAME OF DEPARTMENT. Additionally, COURSE ONE will count toward our NAME major and COURSE TWO will satisfy a general education requirement. We will work with staff and faculty across campus to promote the courses, for which we expect robust enrollments.

While you are visiting, you will have opportunities to discuss your research and conduct joint research with our faculty, deliver research seminars, audit courses, and take part in events and symposia supported by our university. We will provide you with on-campus office space. Additionally, you will receive access to the university library system and public computing facilities; free campus and city bus transportation; access to on-campus housing, gym, libraries, and other campus facilities; and support with visa documents and immigration status.

Please let me know if you have any questions or have any other needs with which we can help in advance of your residency.

Sincerely,

NAME OF AUTHORIZED SIGNATORY
TITLE OF AUTHORIZED SIGNATORY
EMAIL ADDRESS OF AUTHORIZED SIGNATORY