Date of Submission:

|  |  |  |  |
| --- | --- | --- | --- |
|  **1. VISITOR TYPE:** *please check one* | **[ ]  Academic** | **[ ]  Non-Academic** | **[ ]  Other** |

**2. SPONSORING FACULTY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       |  | **Department & Campus Address:** |
|  |  |       |
| **Phone Number:**  |       |  |  |
|  |  |
| **Email Address:**  |       |  |  |
|  |  |  |

**3. VISITOR PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       |  | **Department & Campus Address:** |
|  |  |       |
| **Phone No.:**  |       |  |
|  |
| **Email Address:**  |       |  |
|  |
| **U.S. Taxpayer ID No.** | \*      | \**Either Social Security No. (SSN) or Individual Tax Identification No. (ITIN)* |
|  |  |
| I**s the Visitor a U.S. Citizen or Permanent Resident Alien?** | **[ ]  YES** | **[ ]  NO** | ***If no, please answer the following questions*** |
| **Question: Visa Sponsor** |       |  |
| **Question: Visa Status used to Enter U.S. For This Visit** |       |  |
|  |  |  |

**4. VISITOR INFORMATION**

**Topic of Interest**

|  |
| --- |
|       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proposed Dates** | **From:**  |       |  | **To:**  |       |  |
|  |  |  |  |  |  |

**Visitor Qualifications *(Please attach Curriculum Vitae)***

|  |
| --- |
|       |

**Proposed Program Schedule, Including Location**

|  |
| --- |
|       |

**How would this program topic be of interest to the wider University community?**

|  |
| --- |
|       |

|  |  |  |
| --- | --- | --- |
| **Will tickets be sold or fees charged to attendees?**  | **[ ]  YES** | **[ ]  NO**  |

**5. BUDGET, FUNDING AND PAYMENT**

 **PART A. BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Expenses** |  | **Amounts** |
| **Transportation** |       |  | $       |
| **Lodging** |       |  | $       |
| **Meals** |       |  | $       |
| **Honorarium** |       |  | $       |
| **Other (Please specify below)** |
|       |  | $       |
|       |  | $       |
|  **(must be in keeping with scope of event)** **TOTAL BUDGET**  |  | $       |
|  |  |  |

 **PART B. FUNDING SOURCES *(list all below)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Departments** |  | **Budget Codes** |  | **Amounts** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  **(must equal total budget) TOTAL BUDGET**  |  | $       |
|  |  |  |

|  |  |
| --- | --- |
| **PART C. PAYMENT TIMING** |  **Check to be:** **[ ]  Presented Day of Event** |
|  | **[ ]  Mailed to Recipient** |

**6. SIGNATURES**

|  |  |  |
| --- | --- | --- |
| **FACULTY/STAFF SPONSOR SIGNATURE** |  | **DATE** |
|  |  |  |
| **DEPARTMENT CHAIR SIGNATURE** |  | **DATE** |
|  |  |  |
| **ASSOCIATE VP, ACADEMIMC AFFAIRS*\*(If visitor is not US Citizen/Permanent Resident Alien)*** |  | **DATE** |
|  |  |  |