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** |
|  |  |  |