

**RECOMMENDATION FOR APPOINTMENT OF VISITING SCHOLAR, VISITING
STUDENT RESEARCHER OR POSTDOCTORAL FELLOW
(ATTACH VISITOR'S CURRENT CURRICULUM VITAE)**

TYPE (CHECK ONE): VISITING SCHOLAR VISITING STUDENT RESEACTHER POSTDOCTORAL FELLOW

Visitor Name: _____
 Last First Middle Email

Sponsoring Department: _____
 School Department

Faculty Host: _____
 Printed Name Department Phone Number

Dates of visit: from _____ to _____ Initial Request Extension/Reappointment
(Generally, dates not to exceed 12 months for Visiting Scholars, one semester for Visiting Student Researchers or 24 months for Postdoctoral Fellows)

Describe nature and purpose of the visit (in specific, but non-technical terms): _____

Visitor's Current position: _____
 Occupation Name of Employer/Home Organization

Highest academic degree(s) earned, granting institution and date received: _____

Identify source of support (i.e. sabbatical income, personal savings, grant or scholarship, or employer) for duration of stay (**NOTE: Visitors DO NOT receive regular salary compensation from the College**)

Source: _____

PERSONAL DATA FOR VISITOR

Birth Date: _____ Citizenship (country) _____

Home Address: _____

*Visa Status - Type and Expiration (*if applicable*): _____

DESCRIPTION OF PLANNED ACTIVITIES FOR THE VISIT

CONFLICT OF INTEREST DISCLOSURES

Financial Relationships

1. Is the Visiting Scholar or Visiting Student Researcher's home organization an entity with a commercial interest in any research the visitor will carry out at Manhattan?
 - a. Yes. Please explain: _____
 - b. No _____
2. Does the Faculty Host have a personal financial relationship with the Visiting Scholar's or Visiting Student Researcher's home organization?
 - a. Yes _____
 - b. No _____
3. Does the Faculty Host have research sponsored by the Visiting Scholar's or Visiting Student Researcher's home organization?
 - a. Yes _____
 - b. No _____
4. Does the Faculty Host have any Federal or other government sponsored research that could reasonably appear to be related to the research that the Visiting Scholar, Visiting Student Researcher or Postdoctoral Fellow will carry out at Manhattan?
 - a. Yes _____
 - b. No _____

If the answer to any of these questions is yes, please route this form as indicated below to the Office of the Associate Provost for review.

As the faculty host you are certifying that the above answers are correct.

APPROVALS:

Faculty Host: _____
Printed Name Signature Date

Chair of Host Department: _____
Printed Name Signature Date

Dean of the Host School:

(route to Provost after signing) Printed Name Signature Date

Associate Provost: _____
(If required per above) Printed Name Signature Date

PROVOST'S OFFICE SHALL FORWARD A COPY OF THIS FULLY SIGNED FORM TO HUMAN RESOURCES WHICH SHALL ARRANGE FOR ANY REQUIRED CLEARANCES. SIGN BELOW AND RETURN A COPY TO THE PROVOST'S OFFICE.

HUMAN RESOURCES: _____
Printed Name Signature Date