**Office of the Provost**

**Facilities Operations and Building Services**

**Visiting Scholar/Faculty Housing**

Use this form for Visiting Scholars who will be sponsored by a UConn faculty member, department or school/college. Sponsors accept full responsibility for their Visiting Scholars and will assist in the procurement of Housing, Library privileges, etc.

Requesting Department:

Sponsor’s Name & Signature:

Department Head’s Name & Signature:

Departmental Contact Name: Departmental KFS:

 (To be charged ONLY in case of cancellation.)

Phone: Unit: E-mail:

Visiting Faculty Member Information

Arrival Date:

Departure Date:

(mo/day/yr) (mo/day/yr)

\*Please note that the dates on this application will be the dates the Department/Guest will be billed for rent. Changes in arrival and departure dates must be approved by the Provost’s Office. If additional days are added to this contract, an additional cost will be incurred.\*

Visitor’s Name:

□ Professor/faculty (teaching or research) (please circle)

□ Post-do

□ Other

Gender: M F

(please circle)

List any accompanying family members (Names & Ages):

Visitor’s Home Address:

(In case personal items are left behind)

Special Requests/Limitations:

Source of Payment: (dept., individual, grant, etc.)

Additional comments:

Office use: