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

<table>
<thead>
<tr>
<th>Arrival Date: □ □ □</th>
<th>Departure Date: □ □ □</th>
</tr>
</thead>
</table>

*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:  Gender: M  F  
(please circle)

□ Professor/faculty (teaching or research) (please circle)
□ Post-do
□ Other

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: