

**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: _____ (mo/day/yr) Departure Date: _____ (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: _____ 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: