



Approval of Visiting Professor/Scholars

The _____ requests authorization to make an agreement with a Visiting Professor/Scholar as follows:

1. First Name: _____ Last Name: _____ SSN/UIN#: _____
2. Citizenship: U.S. _____ Other: _____ Visa Status: _____
3. Address:
 Institution: _____
 Home: _____
3. Title Requested: _____
4. Visitation Period: From: _____ Through: _____
5. Complete this section if the person has been employed by TAMUS at any time during the 12 month period preceding the effective date of this appointment:
 PIN: _____ Title: _____ Component: _____ Dept.: _____
6. Briefly describe education and background (attach resume).

7. Briefly describe the nature and purpose of the visit.

8. Source and amount of funds required to support the visit (if any).
 Source: _____ Amount: _____
9. Please check yes or no for all of the work contemplated during the scholar's visit both funded and unfunded, with the host or other faculty member or researcher.
 - a. Is the research classified? YES NO
 - b. Is the research proprietary? YES NO
 - c. Will the research yield results for military use? YES NO
 - d. Will the resulting work be published? YES NO

PLEASE NOTE: A background check will be conducted by the _____ office.

REQUESTED BY:			
_____ Print Name of Host Faculty Member Phone: _____	_____ Signature of Host Faculty Member E-mail: _____	_____ Date	
APPROVAL RECOMMENDED BY:			
_____ Signature of Dept. Head/Director	_____ Date	_____ Signature of Component Head	_____ Date
_____ Signature of VP for Academic Affairs	_____ Date		

* Prepare in triplicate and forward to the component head's office for approval.
 ** Approved form must be copied to the Immigration Services Office in the Human Resources Department (for international scholars only).