

# Academic Campus Visitor Form

This form is to be used when requesting approval for visitors who require campus resources or for hosting international visitors. Form must be submitted 4 weeks prior to start date. Please attach (draft) offer letter, CV, and any other pertinent information for this individual's appointment. Once all signatures are complete, return to Academic Human Resources.

## Visitor Information:

**Name:** \_\_\_\_\_  
First Middle Last

**If this person has been a student or associated with EMU previously, list E#** \_\_\_\_\_

SSN: \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Gender:**  Male  
 Female  
 Gender Variant/Non-Conforming  
 Not Listed: \_\_\_\_\_

## **Home Address:**

\_\_\_\_\_  
Street City State Zip

**Home/Cell Phone#:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

## Type of Personnel:

**Domestic Applicant** OR  **International Applicant**

Please check the one that applies:

- | <u>Not on Payroll</u>   | <u>On Payroll</u>  |
|---|--|
| <input type="checkbox"/> Adjunct Faculty  | <input checked="" type="checkbox"/> Post-Doctoral Fellow |
| <input type="checkbox"/> Visiting Scholar   | <input checked="" type="checkbox"/> Visiting Faculty     |
| <input type="checkbox"/> Early College Alliance   | <input checked="" type="checkbox"/> Visiting Scientist   |
| <input type="checkbox"/> Military Science   |  |
| <input type="checkbox"/> Short-Term Visitors to Campus Labs or Facilities (International Only)* |  |
| <input type="checkbox"/> Participants in Cultural Exchange Programs (International Only)*       |  |

\*If the applicant is a short-term international visitor or participant in a cultural exchange, then provide CV, acquire Department Head/School Director signature, and submit directly to:

Office of Research Compliance  
200 Boone Hall  
Ypsilanti, MI 48197

**EMU Faculty Sponsor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMU Faculty Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department/School:** \_\_\_\_\_

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**Department Head/School Director and Dean Checklist:**

- | Yes                      | N/A                      |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I approve the scope of work/research plan (attach here)  |
| <input type="checkbox"/> | <input type="checkbox"/> | The offer letter and CV are attached   |
| <input type="checkbox"/> | <input type="checkbox"/> | I confirm that dedicated space will be provided<br>Campus Address: _____ Campus Phone #: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant is qualified and has adequate resources to complete the project                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Specify Financial Support (Grant, Own Employer, EMU Host Department/School) _____              |
| <input type="checkbox"/> | <input type="checkbox"/> | I confirm that applicant will attend all relevant training (safety, etc.) and will document    |
| <input type="checkbox"/> | <input type="checkbox"/> | We are requesting access to EMU Library  |
| <input type="checkbox"/> | <input type="checkbox"/> | We are requesting an EMU Email Address   |
| <input type="checkbox"/> | <input type="checkbox"/> | We are requesting access to EMU Parking  |

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By signing, you are verifying the above information to be accurate.

**Department Head/School Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Certifies that Restricted Party Screening has been conducted

**Graduate Studies and Research:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provost:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Academic Human Resources*

*103 Boone Hall*

*Ypsilanti, MI 48197*

*Phone: 734.487.0076*

*Fax: 734.484.1973*