Use this form to request approval for an Academic Visitor to visit the School of Mathematical Sciences at QMUL.

**Instructions:** Please read the associated Policy & Procedure document prior to completing this form. This form should be completed by the host (must be a member of QMUL staff) and authorised by relevant parties *before* formal arrangements are made.

1. **Section 1 *(to be completed by host):***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 Visitor Personal Details | | | | | | | | | | |
| **Title:** | |  | **Surname:** | |  | | | | | |
| **Forenames:** | | |  | | | | | | | |
| **Nationality:** | | |  | | | | | | | |
| **Home Address:** | | |  | | | | | | | |
| **Contact Email Address:** | | |  | | | | | | | |
| **Contact Tel No:** | | |  | | | | | | | |
| **Present Employer (or most recent):** | | |  | | | | | | | |
| **Work Address:** | | |  | | | | | | | |
| **1.2 Host Details** | | | | | | | | | | |
| **Title:** |  | | **Surname:** | | |  | | | | |
| **Forenames:** | | |  | | | | | | | |
| **Position in the School:** | | |  | | | | | | | |
| **Contact Email Address:** | | |  | | | | | | | |
| **Contact Tel No:** | | |  | | | | | | | |
| **1.3 Visit Information** | | | | | | | | | | |
| **Visitor status:** | | | | | | Academic | | Student → *do not use this form, contact Katie Hale (PhD) or Education Services Team at* [*maths@qmul.ac.uk*](mailto:maths@qmul.ac.uk) *(MSc)* | | |
| **Is the visit primarily for the purpose of:** | | | | | | Teaching | | Research | | Other |
| **Please briefly describe the research, teaching or other activity to be undertaken during the visit :** | | | | | |  | | | | |
| **Start date of visit:** | | | | | |  | **End date of visit:** | | |  |
| \*For all visits, the maximum period is 1 academic year | | | | | | | | | | |
| **1.4 Requirements** | | | | | | | | | | |
| **Is a formal letter of invitation required:** | | | | | | | | | | |
| Yes  No | | | | | | | | | | |
| **Is accommodation required:** | | | | | | | | | | |
| Yes  No  *(if yes, please complete the authorisation & booking enquiry form available* [*here*](http://www.residences.qmul.ac.uk/college/academic/Docs/49818.pdf) *and return it with this form)* | | | | | | | | | | |
| **Will accommodation be funded by QMUL:** | | | | | | | | | | |
| Yes (provide budget code)  No | | | | **Budget Code *(if applicable)***: | | | | |  | |
| **Will expenses (travel/subsistence) be reimbursed by QMUL:**  *(If yes, any claims will need to be in line with the* [*QMUL Travel and Expenses Policy and Procedure*](http://www.arcs.qmul.ac.uk/docs/policyzone/104114.pdf)*)* | | | | | | | | | | |
| Yes (provide budget code)  No | | | | **Budget Code *(if applicable)***: | | | | |  | |
| **Please indicate which of the following will be required:** | | | | | | | | | | |
| No Facilities Required  Desk *(subject to availability – please await confirmation from The PA to the Head of School)*  PC (Standard Windows Desktop)  QMUL ID Access Card (For visitors staying for more than 1 week)  QMUL IT Account (For visitors staying more for than 1 week)  Library Access | | | | | | | | | | |

**Section 2 *(to be completed by visitor)***

| 2.1 Personal Details (complete all sections) | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** | |  | | | | | | | | |
| 2.2 Emergency Contact Details | | | | | | | | | | |
| **Name:** |  | | | | **Relationship:** | | |  | | |
| **Address:** |  | | | | | | | **Post code:** | |  |
| **Home phone:** |  | | **Mobile:** |  | | **Work:** | |  | | |
| 2.2 Agreement | | | | | | | | | | |
| I confirm I understand the Terms and Conditions of my visit. I understand this is a non-stipendiary visit and I will not make any claims for travel, accommodation or subsistence unless otherwise agreed. | | | | | | | | | | |
| **Signature:** | | | | | | | **Date:** | |  | |

**Section 3 *(to be completed by Host, HoG/Budget Holder & School Office)***

| 3.1 Agreement | | | |
| --- | --- | --- | --- |
| I confirm that the above named visitor can be housed within the School’s existing accommodation and there will be no additional call on the School or College resources in respect of this visit.  Where no claim for funding is made, only a signature from the host is required. | | | |
| **Host Signature:** |  | **Date:** |  |
| **Budget Holder/HoG Signature\*:** |  | **Date:** |  |
| 3.2 Approval (For Office Use only) | | | |
| **Administrative Assistant\*\*:** |  | **Date:** |  |
| **Desk Space:** | Yes  No | **Desk Nr:** |  |
| **Head of School Signature\*\*\*:** |  | **Date:** |  |

*\*If different from Host* ***|*** *\*\* If desk space is required* ***|*** *\*\*\* For visits of 2 weeks +, desk requirement, or funding from School budget.*