

Courant Postdoc and Visitor Request Form

Full Name	_____	Email and US cell	_____
Home Institution	_____	Title/Position	_____
Mailing Address	_____		
Arrival Date	_____	Faculty Sponsor/Collaborator	_____
Departure Date	_____	Faculty Sponsor/Collaborator Email	_____

Details of Visit

Purpose of Visit

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Postdoc | <input type="checkbox"/> Research collaboration on an NYU grant | <input type="checkbox"/> Sabbatical from another University |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Research collaboration on his/her grant | <input type="checkbox"/> Participation in conference/colloquium |

Funding

1. Will the home institution require to sign an agreement with them? Yes No
2. Will any funds be transferred to NYU? Yes No

Explain _____

3. Will the visitor be paid on an NYU grant as an employee? Yes* No
*Attach offer letter. *Please contact CIMS HR.*

4. Does the visitor require any special assistance? Yes No

Explain _____

Type of Payment to Visitor

- | | | |
|-------------------------------------|----------------|-------|
| <input type="checkbox"/> Consultant | Funding Source | _____ |
| <input type="checkbox"/> Salary | Funding Source | _____ |
| <input type="checkbox"/> Stipend | Funding Source | _____ |
| <input type="checkbox"/> Honorarium | Funding Source | _____ |
| <input type="checkbox"/> Per Diem | Funding Source | _____ |

Note: See SPO for approval. Per diem for business visa/waiver holders are for stays of 9 days or less.

- | | | |
|--|----------------|-------|
| <input type="checkbox"/> Reimbursement | Funding Source | _____ |
|--|----------------|-------|

Note: Original receipts are required. Please specify reimbursable items (i.e., airfare, bus, train, meals).

Resources and Services Requested

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> CIMS Short term housing
From (Date) _____
To (Date) _____ | <input type="checkbox"/> CIMS Long term housing | <input type="checkbox"/> Visa Assistance | <input type="checkbox"/> Processing through
Legal Counsel
(for interns) |
| <input type="checkbox"/> Paid by visitor | <input type="checkbox"/> Referral to off-campus housing | <input type="checkbox"/> NYU ID | |
| <input type="checkbox"/> Paid by faculty | Office Space: | <input type="checkbox"/> CIMS Email Account | |
| Chartfield <input type="text"/> | <input type="checkbox"/> Warren Weaver | | |
| | <input type="checkbox"/> 60 5th Avenue | | |

Sponsor signature _____ Date _____