## Courant Post Doc & Visitor Request

Visitor Information			
Full name	email		U.S. Citizen 🗌 Yes 🗌 No
Home Institution	Tit	e	
Address			
Details of Visit			
Date of Arrival Faculty Sponsor/Collaborator			
Date of Departure Faculty Sponsor/Collaborator Email			
Will he/she teach?     Yes     No     Will he/she be paid on an NYU grant?     Yes       Will he/she be paid by another source (not NYU)?     Yes     No     If yes, where?			No
If the visitor will be paid by NYU, please complete the funding section below.			
Purpose of visit			
Postdoc	Research collaboration on NYU grant		Teaching
Sabbatical from another University	another University 📄 Research collaboration on his/her grant		Participant in conf/colloquium
Other (explain)			
<b>Funding</b> (Please complete for Visitors whose salary will be paid by NYU.)			
Source(s) of fund's			
Resources and Services Requested			
Warren Weaver Office Space	CIMS Short Term Housing	Visa	NYU ID
715/719 Broadway Office Space	CIMS Long Term Housing		Email Account
Processing through Legal Counsel (for Interns)	Referral to off-campus housing	Phone	Other Special Circumstances (Please Explain)
Faculty Sponsor Signature (Online)			Date
(Online)			

Budget Approval (If Required)

Date