

# 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<br>From (Date) _____<br>To (Date) _____ | <input type="checkbox"/> CIMS Long term housing         | <input type="checkbox"/> Visa Assistance    | <input type="checkbox"/> Processing through<br>Legal Counsel<br>(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 style="width: 150px; height: 20px;" type="text"/>                      | <input type="checkbox"/> Warren Weaver                  |   |   |
|  | <input type="checkbox"/> 715/719 Broadway               |   |   |

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_