

Courant Postdoc and Visitor Request Form

Full Name	_____	Email	_____
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. Does the postdoc visitor expect health insurance? Yes No
4. Will the visitor be paid on an NYU grant as an employee Yes No

Attach offer letter with payment specifics including grant to be charged.

Type of Payment to Visitor

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

Note: Jude Ali processes Honorarium payments.

- | | | |
|-----------------------------------|----------------|-------|
| <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.

Resources and Services Requested

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Warren Weaver Office Space | <input type="checkbox"/> CIMS Short term housing | <input type="checkbox"/> Visa Assistance | <input type="checkbox"/> Processing through Legal Counsel (for interns) |
| <input type="checkbox"/> 715/719 Broadway Office Space | <input type="checkbox"/> CIMS Long term housing | <input type="checkbox"/> NYU ID | |
| | <input type="checkbox"/> Referral to off-campus housing | <input type="checkbox"/> Email Account | |

Sponsor signature _____ Date _____