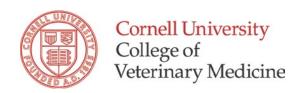
Faculty sponsor is responsible to ensure appropriate SAFETY TRAINING is provided to all visitors.



Visitor Request Form

Date of request:

Sponsoring department:	Faculty Sponsor:
	Email/contact info:
Citizenship, if known:	-
Status of Visitor:	
If an employee elsewhere, what is his/her job	title:
If a student elsewhere: Undergrad Phl	D DVM MS
Is academic credit from Cornell required?	☐ Yes ☐ No
Degree(s) held by visitor (include copy of CV):	
Purpose of Visit: Active Collaborator	Non Collaborator Hands on tailored lab / clinical training
*Lab visit/bench fees are to be charged	□No
Will visitor need CU ID/Net ID? ☐ Yes ☐ No	Client animal contact: Yes No
Proposed dates of visit:	
*Application \$150 fee for all. With CU ID/Net/ ID or N	Visa an additional \$250 fee for <mark>a \$400 total</mark> .
Payment from:	
☐ Faculty host ☐ Faculty department ☐ Ho	ome institution
If Faculty host or Faculty department please give accou	unt to be charged:
Financial Support for visit:	
Externally Sponsored:	ernmentother
(If not paid by CVM or visit is longer than 3 mo	nths funds must meet CVM min. \$2,600 per month)
Payment from faculty sponsor to help defray costs of v	risit (rent, food, etc.) 🔲 Yes 🔲 No Amount:
Compensation from faculty sponsor for work performed	ed during visit: Yes No
Note: compensation = employee status, therefore labo entitled to overtime pay Academic status must be paid	
IF VISITOR IS A FOREIGN NATIONAL Is visitor curre	ntly in US: Yes No
Will a visa be	needed: Yes No

Research Proj	ject:			
Project Fundi	ng source:			
Mentoring La	ıb Member:			
Proposed Wo	rk Station:			
Work Style:	Fully Remote	On Campus	Hybrid (# of days/week on campus)
The faculty members:	ber has provided all	of the necessary	documentation for the visitor. This rec	quest has
	Approved		Denied	
Comn	nents:			
Depar	tment Chair Signat	ure		