

**SAAH VISITING ARTIST/SCHOLAR REQUEST FORM**

Complete this form, submit to Area Head for approval; give to Betsey Kosier 150 ABW for Directors approval.  
This form must be submitted by May 31<sup>st</sup> each year.

**Faculty Host Name:**

**Visitor Name:**

**Is the visitor a U.S. Citizen?**

**Yes**

**No**

**IF NO, CONTACT KEVIN MCGLYNN FOR ADDITIONAL PAPERWORK.**

**Visitor Academic Affiliation (note if independent artist):**

**Visitor Address:**

**Visitor Email:**

**Visitor Phone:**

**Arrive/Depart dates:**

**Public Lecture Date/Time:**

**Preferred lecture room:**

**116 ABW**

**240 ABW**

**E125 VAB**

**Other:**

**Lecture Title:**

**Workshop/Critiques Dates/Times:**

**Honorarium Amount:**

**Due Date to receive forms back from Artist:**

**Area Head signature**

**Date**

**Director signature**

**Date**