

SAAHD 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 31st each year.

Faculty Host Name:

Visitor Name:

Is the visitor a U.S. Citizen?

Yes

No

If no, contact Saralyn Richardson, uss-saah@uiowa.edu (319) 467-0818

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