

**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 30th 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: \$ \_\_\_\_\_

MFK Funding Acct #: \_\_\_\_\_

(Contact Kevin McGlynn at 335-1773 or kevin-mcglynn@uiowa.edu)

\_\_\_\_\_  
Area Head signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director signature

\_\_\_\_\_  
Date