

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)

Program Head signature Date

Director signature Date