

VISITING SCHOLAR GRANT

_____/_____/_____
Date

Sponsors Name

Title

Campus Phone

Campus P.O. Box

E-mail Address

College(s)

Department

Department Head

Campus P.O. Box

Visitors Name

Visa Type

**** PLEASE NOTE: Visitors here on certain types of visas cannot be reimbursed per UA Accounts Payable Policy 9.16 Payments to Nonresident Aliens****

Title

Institutional Affiliation and City/Country of Residence

Proposed Visit Date

Proposed Route of Air Travel

Amount Requested (not to exceed \$400)

List Other Sources of Funding, with Amounts

Attached Letter of Endorsement by Department Head or Dean Required

Brief Statement of Rationale for Visit and Importance to Campus Community: