

DEPARTMENT OF MATHEMATICS VISITOR REQUEST

Date of request _____

Faculty Sponsor _____

Mandatory (UM Mathematics faculty)

Visitor Name _____

Area(s) of interest _____

Comments from area members _____

Signature of area spokesperson _____

Signature required

Current mailing information of prospective visitor

Current title: _____

Current affiliation: _____

Address: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Curriculum Vitae (attach)

Research value (to be written by sponsor). Include paragraph on how this person will add to the research environment of the department. Please attach or include with package.

Period of appointment (include year and check only one)

- Fall Term (Sept 1-Dec 31)
- Winter Term (Jan 1-April 30)
- Fall/Winter (Sept 1 – April 30)

Specific dates: _____ to _____
(mm/dd/yyyy) to (mm/dd/yyyy)

- Expected title
- Gehring Visiting Professor
 - Visiting Professor
 - Visiting Associate Professor
 - Visiting Assistant Professor
 - Lecturer (no current affiliation)
 - Visiting Scholar (no teaching requirements)

- Reason for visit (i.e. sabbatical leave, research collaboration, etc.)
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- Expected salary contribution from Department _____
- If you wish the Department to determine the salary contribution from Michigan, it is not necessary to indicate the expected salary contribution. In this case, and also in circumstances where this contribution is high or unusual, please indicate the candidate's current salary: _____. For confidentiality, this number may be sent to the Rose Aris at raris@umich.edu.

- If teaching is requested, list the expected area of instruction:
-

Number of courses to be taught (check a box)

Fall	[] 0	[] 1	[] 2
Winter	[] 0	[] 1	[] 2

- Evidence of teaching ability (attach as needed)
- VISA requirements (F1, J1, etc.)
- Computing needs, if any (PC, MAC, laptop IP address, etc.)
- Special needs (unusual space requirements, handicap access, etc.)

Benefit information can be found at <http://www.umich.edu/~benefits/>.

When form is complete, required items are attached, and area leader has signed, submit relevant paperwork to the Chair's Secretary, 2074 East Hall. An electronic version of the file may be sent by the area leader (which implies electronic signature) to raris@umich.edu. Fax completed forms to 734 763 0937 or mail to Rose Aris, Department of Mathematics, 2074 East Hall, Ann Arbor, MI 48109-1109.