

****Contact your Dean's Office for approval for any changes to this appointment form****

RECOMMENDATION FOR VISITING SCHOLAR STATUS

***Attach current Curriculum Vitae**

Visitor Name: _____
Last First Middle Email

Sponsoring Stanford Department: _____
School Department or Independent Laboratory/Institute Org Code

Faculty Host: _____
Printed Name Department Phone Number

Dates of visit: from _____ to _____ Initial Request Extension/Reappointment
(Dates not to exceed 12 months)

Describe nature and purpose of the visit (in specific, but non-technical terms): _____

Visitor's Current position: _____
Occupation Name of Employer/Home Organization

Highest academic degree(s) earned, granting institution and date received: _____

Identify source of support (i.e. sabbatical income, personal savings, grant or scholarship, or employer) for duration of stay (*NOTE: Visiting Scholars DO NOT receive regular salary compensation from the University*)
Source: _____

PERSONAL DATA FOR VISITING SCHOLAR

Birth Date: _____ Citizenship* _____

Home Address: _____

*Visa Status - Type and Expiration (if applicable): _____
(Bechtel International website http://icenter.stanford.edu/scholars/atstanford/visa_overview.html)

GIFTS

The Visiting Scholar's home organization may wish to make an unrestricted gift to Stanford in order to defray the costs of resources and facilities to the department that is supporting the Visiting Scholar. Such a gift needs to be made to the Faculty Host's department or independent laboratory/center/laboratory or as a payment to an Industrial Affiliates Program. It may not be made directly to the Faculty Host and it must comply with all relevant gift policies, including those pertaining to conflict of interest.

To your knowledge, has the Visiting Scholar's home organization made a gift?

1. No _____
2. Yes _____
 - a. Is this a gift through an Industrial Affiliates Program?
 - i. Yes _____
 - ii. No _____

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CONFLICT OF INTEREST DISCLOSURES

Financial Relationships

1. Is the Visiting Scholar's home organization an entity with a commercial interest in the research the Visiting Scholar will carry out at Stanford?
 - a. Yes. Please explain: _____
 - b. No _____

2. Does the Faculty Host have a personal financial relationship with the Visiting Scholar's home organization?
 - a. Yes _____
 - b. No _____

3. Does the Faculty Host have research sponsored by the Visiting Scholar's home organization?
 - a. Yes _____
 - b. No _____

4. Does the Faculty Host have any Federal or other government sponsored research that could reasonably appear to be related to the research that the Visiting Scholar will carry out at Stanford?
 - a. Yes _____
 - b. No _____

5. Has the Visiting Scholar's home organization made an unrestricted gift to the Faculty Host (not including Industrial Affiliates support)?
 - a. Yes _____
 - b. No _____

If the answer to any of these questions is yes, please route this form as indicated below to the School Conflict of Interest Manager for review.

As the faculty host you are certifying that the above answers are correct.

Department or Independent Lab/Institute Administrative Contact: _____

APPROVALS:

Faculty Host: _____
Printed Name Signature Date

Independent Lab Director or
Department Chair: _____
Printed Name Signature Date

Conflict of Interest Manager: _____
(If required) Printed Name Signature Date

School Dean's Office: _____
(If required) Printed Name Signature Date