

REQUEST FOR VOLUNTEER/VISITING SCHOLAR/PROFESSIONAL STATUS  
HARPUR COLLEGE OF ARTS AND SCIENCES

**Requestor Information**

Faculty Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Department: \_\_\_\_\_  
Phone: \_\_\_\_\_

*Requested Date:*

Begin: \_\_\_\_\_ (mm/dd/yyyy)

End: \_\_\_\_\_ (mm/dd/yyyy)

*Visitor Status:*

US Resident       International – Country: \_\_\_\_\_

*Purpose:*

Volunteer       Visiting Scholar       Visiting Professional

*Request Summary (Purpose of Visit/Volunteer Effort):*

*Requested Campus Title:*

**Applicant Information**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*If previous Binghamton University student/staff/faculty/volunteer, please specify:*

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Degree Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Description: \_\_\_\_\_

*Expected Duties*

- |  |   |
|--|---|
| <input type="checkbox"/> Binghamton University course attendance | <input type="checkbox"/> Courses to be taught _____ |
| <input type="checkbox"/> Lectures                                | <input type="checkbox"/> Performances               |
| <input type="checkbox"/> Laboratory collaboration                | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> General research collaboration          |   |

*Resources required (responsibility of faculty or department to provide):*

- |   |   |
|---|---|
| <input type="checkbox"/> Office                     | <input type="checkbox"/> Housing  |
| <input type="checkbox"/> Phone                      | <input type="checkbox"/> University vehicles                              |
| <input type="checkbox"/> Email                      | <input type="checkbox"/> Library resources (books/database/journals/etc.) |
| <input type="checkbox"/> Laboratory access          | <input type="checkbox"/> Research foundation/grant submission             |
| <input type="checkbox"/> High-performance computing | <input type="checkbox"/> Translation                                      |
| <input type="checkbox"/> Computer: _____            | <input type="checkbox"/> Practice space                                   |
| <input type="checkbox"/> Software: _____            | <input type="checkbox"/> Copying  |
| <input type="checkbox"/> Access to chemicals/Gases  | <input type="checkbox"/> Exhibition space                                 |
| <input type="checkbox"/> Office supplies            | <input type="checkbox"/> Training: _____                                  |
| <input type="checkbox"/> Instruments: _____         | <input type="checkbox"/> Other: _____                                     |
| <input type="checkbox"/> Parking                    |   |

**Required Documentation (must include):**

If a non-resident, please include the request form for J-1 Scholar Immigration Document (DS2019 form) including language documentation and other required information. If the individual will instruct students, please provide documentation that the language proficiency is adequate for the classes that are proposed. □

Current CV

**A written request for volunteer/visiting scholar/professional status.** This request should include:

- Information about the background of the individual related to their participation in campus activities;
- A detailed description (what, when, where, with whom) of duties that are expected for the individual while associated with Binghamton University;
- Plans for required training (health and safety, campus procedures, campus policies);
- Details for how required resources will be provided for the volunteer/scholar/professional;
- Details about the value that the individual brings to the University, Harpur College, and the associated Department.
- Plan for the supervision of the individual (who, what, how) to ensure their safe and productive participation while part of our campus.
- Plans for managing export compliance, as necessary (see: <https://www.binghamton.edu/research/division-offices/research-compliance/export-control.html/>)

**Agreement**

I agree to supervise the requested individual during their participation at Binghamton University and take responsibility for their successful involvement on our campus and ensure they follow the policies and procedures of the University and State.

Name (print):	_____	Signature:	_____
Title:	_____	Department:	_____
Date:	_____	Phone:	_____
Email:	_____		

**Approval of Department Chair(s)**

Name (print):	_____	Signature:	_____
Title:	_____	Department:	_____
Date:	_____	Phone:	_____
Email:	_____		

Name (print):	_____	Signature:	_____
Title:	_____	Department:	_____
Date:	_____	Phone:	_____
Email:	_____		

**Approval of Dean, Vice President or Designee**

Name (print):	_____	Signature:	_____
Title:	_____	Date:	_____
Phone:	_____	Email:	_____