## DEPARTMENT OF MATHEMATICS VISITOR REQUEST FORM

Date of request	
Faculty Sponsor	
Visitor Name	
Area(s) of interest	
Comments from area members:	
Signature of area spokesperson	
Visitor Information	
Current title:	
Current affiliation:	
Address:	
Address:	
Telephone:	
Email:	
Curriculum Vitae (attach)	
Research value (to be written by sponsor). Include paragrathis person will add to the research environment of the departrel 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)	Year(s)
Specific dates:	
(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.):

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 Heather Kleber at heayherg@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)

Does the visitor have any 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 math-admin-office@umich.edu. Fax completed forms to 734 763 0937 or mail to Heather Kleber, Department of Mathematics, 2074 East Hall, Ann Arbor, MI 48109-1043.