**Information Form for Visiting Researchers at Providence College**
**Effective 8/28/2024**

**Visiting researchers, as defined in the College's Visiting Researcher/Scholar Guidelines, must submit this completed Form to their respective sponsoring College faculty member for delivery to the Office of Human Resources (Harkins 302) no later than one week prior to the beginning of service. Thank you.**

| Personal Information | |
|---|---|
| **First Name:** | |
| **Middle Name:** | |
| **Last Name:** | |
| **Email Address:** | |
| **Permanent Address Line 1:** | |
| **City, State, Zip:** | |
| **Phone Number:** | |

| Visiting Researcher Activity Information | |
|---|---|
| **Service Start Date:** | |
| **Service End Date:** | |
| **Department of Service:** | |
| **Laboratory Room Number(s):** | |
| **Brief Description of Activity: Research/Purpose of research, including whether or not the visitor is working collaboratively with a member of the PC Faculty** | |

## Temporary Resource(s) Requested, please check all that apply:

| | |
|---|---|
| | Laboratory Space, include building/room number (note: Waiver Form will be required; Safety training may be required) |
| | Office Space, include building/room number (note: Waiver Form will be required) |
| | Technology Networking/Collaboration Tools; e.g., Microsoft 365, including OneDrive, Teams, etc (note: Acceptable Use, Privacy, and End User policies apply; Security Awareness training may be required) |
| | Library Databases/Collections |
| | Other, please specify: |

## Sponsor Information

| | |
|---|---|
| **First Name:** | |
| **Last Name:** | |
| **Department/Program:** | |
| **Banner ID:** | |

## Visiting Researcher Resources Approval

*Department Chair, Program Director, or Unit Director Approval*

| | |
|---|---|
| **Full Name:** | |
| **Title:** | |
| **Signature:** | |
| **Date:** | |

*School Dean, or Divisional Vice President Approval*

| | |
|---|---|
| **Full Name:** | |
| **Title:** | |
| **Signature:** | |
| **Date:** | |