

For more information on visiting student status policy, refer to PPD-0608.

Note for International Students: The host of an international student should seek guidance from the Reves Center regarding appropriate visa and immigration documents well in advance, at a minimum, **three months prior to the anticipated arrival** of a visiting student.

VISITING STUDENT INFORMATION				
STUDENT LAST NAME	STUDENT FIRST NAME	M.I.	BANNER ID (IF AVAILABLE)	STUDENT LEVEL
PERMANENT MAILING ADDRESS			STUDENT EMAIL ADDRESS	
HOME INSTITUTION & DEPARTMENT			HOME COUNTRY (INTERNATIONAL STUDENTS ONLY)	
FIELD OF RESEARCH				
LOCAL CONTACT INFORMATION				
EXPECTED ARRIVAL DATE		EXPECTED DEPARTURE DATE		
LOCAL RESIDENCE ADDRESS			LOCAL PHONE NUMBER	
EMERGENCY CONTACT INFORMATION				
NAME OF EMERGENCY CONTACT		PHONE NUMBER	ALTERNATE PHONE NUMBER	
MAILING ADDRESS			EMAIL ADDRESS	

Visiting Student Signature

Date

FACULTY HOST INFORMATION			
HOST LAST NAME	HOST FIRST NAME	HOST M.I.	HOST DEPARTMENT AT VIMS
CO-HOST LAST NAME (IF APPLICABLE)	CO-HOST FIRST NAME	CO-HOST M.I.	CO-HOST DEPARTMENT AT VIMS

- If the visiting student is international, the host must seek guidance well in advance from the Reves Center in order for the student to obtain appropriate visa and immigration status. **Have you already contacted the Reves Center?** Yes No
- If the visiting student requires either a VIMS email address or a wired/wireless computer connection, the host must make appropriate arrangements with ITNS. **Have you already contacted ITNS?** Yes No
- Visiting students must sign a Liability Release Form and go through an abbreviated sign-in procedure including basic safety and right-to-know training. The Volunteer/Visiting Scientist check-in and check-out form may be obtained through the Office of Safety and Environmental Programs.

Nature of proposed activities while a visiting student at VIMS, including applicable courses or workshops (if any) in which the visiting student plans to participate: _____

Facilities and resources that it is anticipated VIMS will provide: _____

Arrangements (if any) for external funding: _____

Host Approval:

I agree to serve as Host (primary point of contact) or Co-Host for the above-named visiting student.

HOST NAME	SIGNATURE	DATE
CO-HOST NAME	SIGNATURE	DATE

Department Approval:

I have reviewed this application for the above-named visiting student including the estimation of resources that will be required and recommend the award of that status as described above.

HOST DEPARTMENT CHAIR NAME	SIGNATURE	DATE
CO-HOST DEPARTMENT CHAIR NAME (IF DIFFERENT)	SIGNATURE	DATE

PLEASE RETURN THIS FORM WITH ORIGINAL SIGNATURES TO THE SMS REGISTRAR, WATERMEN'S HALL ROOM 253
OR SUBMIT FORM ELECTRONICALLY TO REGISTRAR@VIMS.EDU.

Associate Dean of Academic Studies Approval:

I approve the award of visiting student status as described above.

SIGNATURE	DATE
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