



Academic Visitor Application form

We request that this form is completed only after reading the School's information for prospective visitors.

This form must be completed **at least one full term or three full months in advance** of the planned start date of the visit and returned to <u>the Governance Officer</u>.

Section A - Personal Details

	(to be completed by	the applicant)		
Title:	Forename(s):	S	Surname:	
Home Higher Education Institution:				
Current Job Title:				
Postal Address:				
Email Address:	Te	lephone number:		
Nationality:		icphone number.		
Table name,				
(If you are not a citizen of the UK, Switz	erland or an EEA countr	y please contact the	<u> Governance Officer</u> BEFORE	
returning this form)				
9	Section B – Details of	Proposed Visit		
	(to be completed by			
Start Date:		End Date:		
Space required : (limited hot desking s	space is available on a	first come first serv	red basis)	
Program of Visit /planes requires a det			- Ativitai on l	
Purpose of Visit (please provide a det	tallea programme of pr	roposea work ana a	ictivities):	
Non EU/EAA nationals: please note that you may visit the School on an Academic Visitor visa if the purpose of				
your visit is to carry out personal research. Other activities such as collaborative research with a member of				
the School and teaching will not be within the scope of an Academic Visitor. Please consult with the Faculty				
Assistant before you complete this se			,	

Section C – Details of Faculty Support of the Visit (to be completed by the Sponsor and the Academic Area Head)
I confirm I am a current member of Faculty, I am willing to sponsor this Academic Visit and I undertake to carry out my responsibilities as a sponsor as listed in the School's official policy. I fully support this application because (please provide a statement of support here)
Name of Sponsor:
Signature of Sponsor:
Date: I confirm I am fully aware of this proposed Academic Visit and support this application.
Name of Academic Area Head:
Signature of Academic Area Head:
Date:
Section D – Funding
(to be completed either by the Applicant or by the Sponsor) The administration fee covers the use of the School's resources, hot-desking space, IT support and administrative support from the Faculty Services Team. The rate is either £250 per month, £600 per term or £2,500 per year.
Amount to be paid: £ This covers month(s)/term(s)/year(s) (delete as appropriate)
This administration fee for this visit will be paid for by: (Select ONE of the three options below) ☐ The applicant Address for invoicing:
The applicant's home institution Contact name/position for invoicing: Contact email address for invoicing: Contact telephone number for invoicing: Postal address for invoicing:

☐ The Saïd Business School Provide ONE of the below:

Academic Area Internal Budget Code: Research Area Internal Budget Code:

Section E – Supporting Documents		
(to be completed by the Applicant)		
I have attached the following to this application:		
☐ A current CV		
A letter of support from my home institution confirming approval of my proposed visit		
A colour scan or photocopy of the photo page of my current passport		
Section F – Agreement		
(to be completed by the Applicant)		
I confirm that all information I have provided on this form is accurate to the best of my knowledge. If my visit to		
Saïd Business School is approved, I agree to comply with all regulations of the School and the University of		
Oxford. I understand that I am responsible for ensuring that I have the right to work in the UK, whether through		
citizenship or an appropriate visa, and I agree to supply proof of my right to work on my arrival at the School.		
Name of Applicant:		
Signature of Applicant:		
Signature of Applicant:		

Please return this form, either by email or by post, to:

Rebecca Regan, Governance Officer Faculty Services Saïd Business School Park End Street University of Oxford Oxford OX1 1HP

rebecca.regan@sbs.ox.ac.uk

Date: