[Faculty Letterhead]

DATE

CHAIR/ DEAN

DEPARTMENT/ PROGRAM/ CENTER/ INSTITUTE

ADDRESS

Dear CHAIR / DEAN:

I am writing to request the appointment of NAME as a visiting RESEARCHER/ SCHOLAR at Boston University’s DEPARTMENT/ PROGRAM/ CENTER/ INSTITUTE from DATE through DATE. (If this appointment is longer than two years, please provide a justification that explains the extraordinary and compelling circumstances as to why a longer appointment is necessary. The extended appointment is contingent on the approval of your Dean and the Vice President and Associate Provost for Research. Please send the request with your Dean’s approval to Gloria Waters at gwaters@bu.edu.)

I have reviewed the [Policy on Visiting Faculty and Research Scholars](http://www.bu.edu/policies/policy-on-visiting-faculty-and-research-scholars/) and have confirmed that NAME meets the criteria for appointment. NAME’s CV is attached. Their experience will enable them to make valuable contributions to DESCRIPTION OF PROJECT/ RESEARCH, which is funded/sponsored by SPONSOR. NAME’s work space will be available at FACILITY and include DESCRIPTION OF SPACE AND FACILITIES to accommodate DESCRIPTION OF RESOURCES NEEDED.

NAME’s signed acknowledgment form, together with his/her signed intellectual property agreement for visitors, is attached. I understand that it is my responsibility to make any [required disclosures](http://www.bu.edu/researchsupport/international-collaboration-in-research-scholarship/) to granting agencies that fund work in my lab, and to identify all required training for NAME to complete, including the University’s [sexual misconduct training](https://www.bu.edu/compliance/training-sexual-misconduct-and-title-ix/) and any lab safety or other required training. I understand that NAME’s appointment will not include Boston University salary or other financial support, and will not be a Boston University employee. [I recommend that NAME receive PAYMENTS from the DEPARTMENT / PROGRAM / CENTER / INSTITUTE as [research related payments](https://www.bu.edu/ap/resources/research-related-payments/).]

NAME will/will not require visa sponsorship.

Sincerely,

(signature)

FACULTY NAME

TITLE

cc: Gloria S. Waters, Vice President and Associate Provost for Research [via visiting@bu.edu]