

Visiting Student Acknowledgment

Name:

Institution where you are currently enrolled:

Type of Student [e.g. PhD student]:

BU faculty sponsor:

BU faculty sponsor department/ program/ institute:

Please indicate your source of financial support while at BU, including health insurance:

I certify the following:

- I have a source of financial support, including health insurance, from outside of Boston University.
- I understand that I will not receive salary, health insurance, or other financial support from Boston University.
- I understand that I am not and will not be an employee of Boston University.
- I will complete all training that my BU faculty sponsor or my sponsor's department advises me is required.
- I will not conduct proprietary work for my home institution, or any other third-party, in Boston University's facilities during my visit.
- I will comply with all applicable Boston University policies.
- I have attached my completed and signed Intellectual Property Agreement.

Date: