## DIVISION OF BIOLOGY & BIOLOGICAL ENGINEERING Recommendation for Appointment <u>Visitor</u>

Visitors are appointed for limited terms up to one year.

They may be full-time or part-time, paid or unpaid, but they must have a position elsewhere. Visitors are not members of the faculty. They are entitled to a "visitor" identification card for access to campus facilities, and listing in the campus directory, and are not eligible for membership in the Athenaeum.

Option Information												
Faculty sponse	ty sponsor:						t:					
Prepared by:										]	Ext.	
Please list the	Calte	ch mail co	ode ar	nd off	ice ass	ignmen	t for	Visit	or:			
Mail Code:					Office	:	: Ext.:					
				C	andid	ate Inf	orm	natio	n			
Full name:												
Address:												
Phone:			Email:									
Birthdate:	Birthdate:			Place of birth (city, state, country)								
Citizenship:						Mar	ital s	tatus:	:			
Visa status (for nonresident aliens currently in the U.S.) For H1-B visa-read this first http://international.caltech.ed		Type visa:				Exp. Date:						
If family mem		vill accom	pany [	NON	RESIDI	ENT AL	IEN,	, prov	ide the fol	lowing in	nforma	ation for each
Name Relations			ship Birthdate		Birthplace (city, state, country)					Citiz	enship	

	Candi	date's Pern	nanent Posit	ion (Inf	o Requir	ed)		
Employer:				-	<del>-</del>			
Title:						Į.	lire date:	
If nonresider the outside s funded perio	upporting agod MUST BE	gency. A letter INCLUDED v	from the pro with this form.	vider of	funding, ir	unt of s	upport and the g the amount a nount of \$48,00	and the
minimum, is	required for	nonresident	aliens.					
US\$:		Agency:	oional Evna	rionco				
		rrotes	sional Expe	rience				
			Academ	ic recor	d			
Degree	N	lajor	Year Grante					
		P	ositions Hel	d				
		Appoint	ment Infor	mation				
	ords Office s						one week befo n. residents a	
Period of app	pointment			Propos	sed			
(how many r				effectiv		1	-	
Part-time or full time?  If part-time, # of days a month at Caltech?								
Caltech salar if provided:	ry amount,							
	·	·						·

Budgets to be charged: PTA #		Alias #	Percentage:				
Health insurance coverage is required funds, he/she is eligible for staff will pay for health insurance: the (provide PTA#)	benefits. If visitor will b	e funded by an outs	ide agency, indicate who				
Health insurance will be paid by							
Special Allowances  Are you providing for housing, of here: Reimbursements of this type	-		\$ amount and the POETA				
Amount:	PTA#	!					
Research to be Conducted							
Please provide a brief summary of candidate's research to be conducted:							
	District Assume	-1 D					
Ī	Division Approv	ai Process	<u> </u>				
Faculty sponsor's signature			Date				
Submit form and CV to Stefa							

<u>Sections to be completed by faculty:</u> Department Information, Appointment Information, Research Statement and Signature Required

<u>Sections to be completed by new hire:</u> Candidate Information, Professional Experience, Positions Held and Research Statement