

Visiting Faculty or Research Scholar Acknowledgment

Name:

Current employer / affiliation:

Current title:

BU faculty sponsor:

BU faculty sponsor department:

Please list all sources of support for your research funding, including grants or other funding from any government, foundation, or any other source:

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, other than as described below from the BU faculty sponsor's department:

\_\_\_\_\_

\_\_\_\_\_

- I understand that I am not and will not be an employee of Boston University.
- I will complete all training that the BU faculty sponsor or the 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.

Signature: \_\_\_\_\_

Date: