[School / College Letterhead]

FULL NAME

DEPARTMENT

ADDRESS

Boston, Massachusetts 02215

Dear [NAME],

It is my pleasure to inform you of your appointment as a Visiting Student in [name of program/ department] beginning DATE and ending DATE. As you know, you must be enrolled as a student at your home institution while you are a visiting student at BU, and you must have financial support, including health insurance, from outside Boston University.

The appointment and the duration of the appointment are conditional upon your completing all required training, as identified by your host [host name], your adherence to all Boston University policies, and satisfactory performance. The appointment may be terminated if you fail to meet these requirements, or your performance doesn’t meet the expectations required of the position.

As a Visiting Student, you may use the library and its online resources, park at the standard faculty/staff rate, and receive a discount at the BU Bookstore. To request your Boston University Terrier identification card, which will provide access to these services, please contact the administrator of the BU program with which you are affiliated.

If my office can be of assistance to you, please do not hesitate to let me know. Please accept my best wishes for a productive and rewarding time at Boston University.

 /s/

cc: Sean Mullen, Associate Provost for Graduate Affairs

Thomas Bifano, Vice President and Associate Provost *ad interim* for Research