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:

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* 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: