



Academic Visitor Registration Form

Complete this form by placing a check in the appropriate boxes and filling in the blanks. Forward signed form to the Academic Visitors Office, 1-03 SAB.

Personal Information

Surname Name		Given Name		Middle Name(s)
<input type="text"/>		<input type="text"/>		<input type="text"/>
U of A Guest ID#	Date of Birth	Gender	U of A Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Position at Home Institution/Company:		Immigration Status	Country of Citizenship:	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

Category at the University of Alberta

- | | |
|--|--|
| <input type="checkbox"/> Exchange/Visiting Professor | <input type="checkbox"/> Business Visitor |
| <input type="checkbox"/> Research Award Recipient (attach award letter) | <input type="checkbox"/> Self-Funded Researcher |
| <input type="checkbox"/> International Experience Canada (IEC) (attach IEC letter) | <input type="checkbox"/> Global Skills Strategy's short term work permit exemption for high skilled workers : 15 consecutive calendar days or less |
| <input type="checkbox"/> Student Work Abroad Program (SWAP) (attach SWAP letter) | <input type="checkbox"/> Global Skills Strategy's short term work permit exemption for high skilled workers: 30 calendar days or less |
| <input type="checkbox"/> International Association for the Exchange of Students for Technical Experience (IAESTE) (attach IAESTE letter) | <input type="checkbox"/> Global Skills Strategy's short term work permit exemption for researchers : 120 consecutive calendar days or less |

Description of research or collaboration:

Length of Visit

Start Date (mm/dd/yyyy)	<input type="text"/>	Host Academic Unit:	<input type="text"/>
End Date (mm/dd/yyyy)	<input type="text"/>	Department ID#	<input type="text"/>
Speed Code for ONEcard:	<input type="text"/>	Academic Host:	<input type="text"/>
Prepared By	<input type="text"/>	Phone Number	<input type="text"/>
		Email	<input type="text"/>

Authorization Signatures

I certify that the information I have provided is truthful and accurate.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Academic Visitor Printed Name	Academic Visitor Signature	Date

I certify that this individual will be an Academic Visitor with me and that appropriate facilities are available. I also certify that (Academic Visitor) has or will receive the necessary training before beginning their research in the available facility.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Academic Host Printed Name	Academic Host Signature	Date

I concur with the above statements and authorize the arrangements.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Department Authorization Signature Printed Name	Department Authorization Signature	Date