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9LVLWLQJ*Scholar/Researcher* ,1)250$7,213$&(7

7KHLQIRUPDWLRQUHTXHVWHGEHORZLVQHHGHGWRFRPSOHWHWKHDSSOLFDWLRQIRU9LVLWLQJ**Scholar/Researcher**VWDWXV&RPSOHWLRQRIWKH
$JUHHPHQWDQG9LVLW(QJDJHG5HVHDUFK**Intellectual Property** $JUHHPHQWDUHUHTXLUHGEHIRUHWKH6SRQ
VRUOLQGXEPLWWKH SDFNHWIRUPDWRLKRQ' K'HUSDUWPHQWDO6XSSRUWLVUHTXLUHGEHIRUHWKHDSSOLFDWLRQFDQEHVXEPLWWHG

SURSRVDO**Visiting Scholar/Researcher**ZRUNLQJ8QLYHUVLWRWKEHJLQDFDGHPLF\

Faculty Sponsor Information:

1. Name:
2. Campus:
3. University

9 L V L W R U **Scholar** 5 H, 1 V) H 2 5 0 $ 7 K, 2 3 $ & . (7

Name of Visitor:

Period of Time at & 6 8: Beginning ("Beginning Date") and Ending ("Termination Date") and will be subject to renewal only by mutual agreement of & 6 8 and the Visitor

Brief Summary of Proposed Work « ((%) % 0 « « $. 0 ! . /):

Identification of any specific grant, contract or research project(s) planned to work on while at & 6 8 « ((%) % 0 « « $. 0 ! . /)

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VISIT OR

Signature

Name (printed or typed)

Date :

FACULTY S PONSOR

Signature

Name (print ed or typed)

Date:

DEPARTMENT HEAD

Signature

Date

DEAN

Signature

Date

Name (printed or typed):

6. I do not have any consulting or other agreement with any third person or organization that is, or could bereasonably construed to be, in co nflict with this Agreement, and I will not enter into any such agreement.In t he event that I enter into such an agreement or discover that I have in fact entered into such an agreement in the past, I will promptly notify CSU in writing, and upon request I w ill provide CSU with a copy of such agreement.
7. This Agreement shall be effective as of the Beginning Date as defined in the Agreement for Visitors/ Researchers.
8. This Agreement supersedes all previous agreements, written or oral, relating to the above subject matter, an d shall not be changed orally.
9. This Agreement is made in the State of Illinois, USA, and shall be interpreted and construed and « any lega l relations created hereunder shall be determined in accordance with the laws of the State « of Tennessee, without reference to any conflict of laws provisions.

VISITOR By:

Name:

Title:

Date:

Chicago State University

By:

Name:

Title: Associate Provost of Grants and Research Administration

Date: