INSTITUTE OF ARCHAEOLOGY

## ACADEMIC VISITOR

# PROPOSAL FORM

Title: Prof/Dr/Mr/Mrs/Ms/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male  Female 

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_ \_/\_ \_/\_ \_

Country of origin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you require a work permit? Please note that work permits can take up to 3 months to be issued.

Yes  No 

Present Post and Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full contact address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please state the dates of your proposed visit to the Institute of Archaeology.

Start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees:

* + Visits of less than 4 weeks: no fee (please leave invoice address blank)
	+ 4 weeks or more: Affiliate Academic Fee (for details see ‘Fees’ on our webpage)

Address for invoice (if different from above):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Bench fees will also be charged for use of the laboratories.

**UCL Institute of Archaeology, 31-34 Gordon Square, London, WC1H 0PY**