

Faculty Sponsor/Co-Sponsor Information Form

This form may be used by a delegate to collect faculty sponsor information for a visitor request. If a co-sponsor is involved, they should complete this form, and it must be attached to the Visitor Access Request (VAR). If the co-sponsor's form is not included, the request will be considered incomplete and returned to the division.

*** Required Fields**

Name of Division/Department Form Preparer			
*Type of Visitor		*Will the Visitor participate in research or require lab training at Caltech?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Proposed Start Date		*Proposed End Date	
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Visitor Information

*First Name		*Last Name	
*Email of Visitor			

Faculty/Sponsor Information

*Name of Faculty Sponsor or Co-Sponsor		*Check here if you are the: <input type="checkbox"/> Faculty Sponsor <input type="checkbox"/> Co-Sponsor
*Division or Department		

Research Information

Complete this section only if your Visitor is participating in research. Otherwise, skip to the additional information section.

*Faculty Sponsor Federal Funding Sources (Current and/or Pending): (select all that apply)	<input type="checkbox"/> No Federal Funding Source <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DARPA <input type="checkbox"/> Dept. Homeland Security <input type="checkbox"/> Dept. of Commerce <input type="checkbox"/> Dept. of Housing/Urban Development <input type="checkbox"/> Dept. of State <input type="checkbox"/> Dept. of Transportation	<input type="checkbox"/> Dept. of Treasury <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> DOEd <input type="checkbox"/> DOI <input type="checkbox"/> DOJ <input type="checkbox"/> DOL <input type="checkbox"/> FDA	<input type="checkbox"/> NASA <input type="checkbox"/> Navy <input type="checkbox"/> NSF <input type="checkbox"/> PHS/NIH <input type="checkbox"/> USDA
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*The Visitor will be: (select all that apply)	<input type="checkbox"/> Key Personnel or Co-I on a Caltech Award <input type="checkbox"/> Conducting Research or Collaborating (paid or unpaid) on a Caltech Research Project <input type="checkbox"/> Conducting Research or Collaborating (paid or unpaid) on a Federally Sponsored project <input type="checkbox"/> Paid or otherwise supported by any Caltech Research Project <input type="checkbox"/> Using a campus recharge center <input type="checkbox"/> None of the above
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Complete the award information below unless "None of the above" is selected above.

* Name of Award Sponsor		*Title of Award		Award Number	
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Is the Visitor a foreign person as defined: <i>If the Visitor is a foreign person, is coming from a foreign (non-US) entity or requires remote access from a foreign (non-US) country, please attach a statement of work for the Visitor or a whitepaper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*Will the Visitor's activities involve spacecraft or military applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
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Additional Information

*Do you have any relationship to the Visitor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*If Yes , please describe the relationship(s):	
*Do you have a relationship with any entity the Visitor is affiliated with?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*If Yes , Name of ENTITY/ENTITIES:	*Affiliation Description:
*Provide justification for the Visitor and describe their activity at Caltech below. <i>Describe the Visitor's activities in your group and how this is a mutually beneficial appointment. As applicable, include a brief description of the Applicant's research and/or training activities. Note: The details entered here are shared with the visitor.</i>			
*Will the Visitor coming to Caltech ONLY learn a technique/process?	*If Yes , briefly describe the technique/process the Visitor will learn:		
	*If No , describe the Visitors' research and training activities at Caltech:		
*Will the Visitor need access to or work with human or animal subjects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	*If Yes , select all Research Subjects that apply: <input type="checkbox"/> Humans <input type="checkbox"/> Vertebrate animals or cephalopods <input type="checkbox"/> Human stem cells or embryos <input type="checkbox"/> Other animals	
*If Other animals , describe:			
*Will Visitor work with biological/chemical/radiological or controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	*If Yes , select all Materials Used that apply: <input type="checkbox"/> Chemicals <input type="checkbox"/> Biological materials <input type="checkbox"/> Controlled substances <input type="checkbox"/> Radiological materials	
*What buildings, equipment, etc. will Visitor need access to at Caltech?	<input type="checkbox"/> Caltech Buildings <input type="checkbox"/> Caltech IPAC <input type="checkbox"/> Any proprietary or confidential information	<input type="checkbox"/> Equipment <input type="checkbox"/> Caltech Data <input type="checkbox"/> Computer Systems	<input type="checkbox"/> Other <input type="checkbox"/> Software <input type="checkbox"/> Caltech HPC
*Describe the access required:			

<p>*Will the Visitor require access to any controlled information or material?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*If Yes, select all export-controlled or confidential items the Visitor will access:</p> <p><input type="checkbox"/> Hardware <input type="checkbox"/> Proprietary or Confidential Information <input type="checkbox"/> Software <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Technical Data <input type="checkbox"/> Other (Describe Below)</p>	
<p><i>If Other, provide description of other access:</i></p>			
<p>*Will the Visitor require access to JPL or JPL resources?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>*Will the Visitor require any system access?</p>	<p><input type="checkbox"/> HPC <input type="checkbox"/> No System Access <input type="checkbox"/> Other</p>	<p>If Other, please describe other system access the Visitor will require:</p>	
<p>Is there any other information you would like to share?</p>			
<p>*Faculty Sponsor/Co-Sponsor Signature:</p>			<p>*Date:</p>