



Collaborating Visitor Remote Research Questionnaire

Collaborating Visitor File Number: _____ B B B _ B _____

Visitor Name: _____ Submitter Name _____ B B B B B E

Department: _____ Faculty Sponsor: _____ B B B B B

Visitor Type: Student, Academic/Non-Profit, Company, Unpaid Intern, Other _____ B B B B B

In what country will the visitor be conducting the remote research: _____ B B B B

Have the initial visit dates been modified? Yes/ No, If yes, please provide and the revised dates:

New Dates: _____ B B B B

Detailed Description of Remote Research:

Is the Visitor working on any funded research? Yes/No if yes, please describe the type of funded research, and the funding source:

Will the researcher need to access data that may contain sensitive and/or information? Yes/no. If yes, please describe the sensitive and/or private data: