

Saint Louis University
Petition for
Visiting Scholar/Guest Account

Form
#24

Section 1
Visiting Scholar/Guest Information

Student Name Gender _____

Date of Birth (mm/dd/yy) Social Security # Email

Visa Type (if applicable) Visa Nation (if applicable) _____

Home Address

Local Address

Program/Fellowship Name Start Date (mm/dd/yy) End Date (mm/dd/yy)

Section 2
Department

Sponsoring Department Department Contact (if different from below) _____

Department Representative Signature _____ Date _____

Form Procedures

1. Student or department completes section 1.
2. Department completes section 2.
3. Department submits form to the Office of the University Registrar.
4. Office of the University Registrar contacts individual listed above when complete.