



**VISITING ARTIST
HOUSING REQUEST**

DEPARTMENT _____

GUEST ARTIST'S NAME _____

NUMBER OF GUESTS IN ROOM _____ **COURSE(S) BEING TAUGHT**

(include days of week and beginning and ending of course(s):

DATES REQUESTED (INCLUDE MOVE-IN/MOVE-OUT DATES):

SPECIAL NEEDS:

CONTRACTUAL OBLIGATION TO PROVIDE ACCOMMODATIONS: YES

NO

Date Submitted: Department Head Approval:

Complete, print, sign and forward to:

**Molly Scranton, Assistant Director of Faculty Services, Sharp 810,
or email to mscranton@saic.edu.**

Dean's Office Approval: _____

Date: _____