**Department of Chemical Engineering Massachusetts Institute of Technology**

****77 Massachusetts Avenue, Building 66-350

Cambridge, Massachusetts 02139-4307

**APPOINTMENT REQUEST FORM**

For Research Affiliates / Visiting Engineers / Visiting Scientists / Visiting Scholars

**This form is not to be used for Postdoctoral Researchers / Fellows**

Approval from the Department Head is required ***prior*** to extending an official offer.

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| --- | --- | --- | --- | --- | --- | --- |
| Date: | Host (must be faculty sponsor or PI): | | | | | |
| **Please provide the following information:** | | |  | | | |
| Name of Visitor: | | | Current Title of Visitor: | | | |
| Name of Visitor’s employer:  Type of employer: US or foreign non profit or educational/research institution  For-profit  Self employed None of the above  Please explain the nature of the business, if you select for-profit, self employed, or none of the above: | | | | |  | |
| Proposed Appointment Title:  Research Affiliate Visiting Engineer Visiting Scientist  Visiting Scholar | | | | |  | |
| Period of Appointment (Specific Dates): | |  | | | | |
| If Reappointment, provide date of initial appointment: | | | |  | | |
| Visa Requirements: | No  Yes | | | | | |
| Space Requirements to be provided by sponsoring faculty (not required for Research Affiliates):  Office Location:       Lab Location:       Phone Ext: | | | | | |  |
| Visitors Financial Arrangements: Personal  MIT (include cost object):  Outside agency (include name of agency):  If unpaid from MIT, please provide a discretionary cost object to use for processing:  No Charges will be made to this account. | | | | | |  |
| **Potential Conflict of Interest** [e.g. any Relationships between your Visitor (or his/her Employer) and your Research Projects and MIT IP]: *If you answer YES to any of the questions in this section, please provide an explanation. In such cases, the advance approval of the Dean is required* ***before*** *an appointment can be made.* | | | | | |  |
| 1. Does faculty host have a personal relationship with the visitor? No  Yes  If yes, please describe. | | | | | |  |
| 2. Does faculty host or member of the faculty host’s family have outside professional/significant financial interest (SFI) with visitor’s employer? *(e.g. consulting, board membership, ownership*)?  No  Yes  If yes, please describe. | | | | | |  |
| 3. Will any company-related research be carried out by the visitor while on campus?  No  Yes  If yes, please explain. | | | | | |  |
| 4. Please describe in detail the specific research duties in which the visitor will be engaged. Also, describe how the research is separate and distinct from the business of the company. | | | | | |  |
| 5. Is the visitor coming to MIT under an existing Sponsored Research Agreement?  No  Yes  If yes, what is the cost object and project title? | | | | | |  |
| 6. Will the visitor be bringing any materials to campus (i.e. software, databases, biological materials)?  No  Yes  If yes, please describe. | | | | | |  |
| 7. CV of visitor must be attached. Please include visitor’s email address: | | | | | |  |

Note: A fully executed inventions and proprietary information agreement (IPIA) is required.

For All Industrial Visitors Appointments: After the approval is granted, please contact the ASO Senior Fiscal Officer to arrange for the Bench Fee Invoice of $50,000/year.

Screened by Date

Department Head Approval Date