

College of Engineering Visitor No-Pay Application Form

Department/Unit Name

Employee ID

(if known)

Date of Birth

Full Name

Email

Name of Employer/Institution

Visitor Will Work

Off Campus

On Campus in this Building:

Permanent Address

Permanent Phone Number

Mobile Phone Number

Status

US Resident

Foreign National

Country of Origin

Dates of No Pay Assignment

Begin

End

Purpose of Visitation

Name of Faculty Sponsor

Duties/Responsibilities

for No-Pay Access

Type of Access Requested

Applicant Signature _____

Faculty Sponsor Signature _____

Department Head/Director Signature _____

Departmental/Unit Business Officer Signature _____

College of Engineering Signature _____