

University Guest Request Form

Submission Date:

Requestor Name:

Requestor Contact
Information:

Name of
Requested Guest:

Guest's Origin:

Requested Visit
Date(s) and Times:

Visit Rationale:

Requested Visit
Location(s) and
Activities:

[Redacted area for visit details]

If Approved,
Designated University
Member Host Who
Will Oversee Guest
During Visit:

[Redacted area for host information]

SLT Member Name
or Approved
Delegate Name:

[Redacted area for name]

Approval:

YES NO

Date:

[Redacted area for date]