

## Collaborating Visitor Remote Research Questionnaire

Collaborating Visitor File Number: \_\_\_\_\_

Visitor Name: \_\_\_\_\_ Submitter Name \_\_\_\_\_

Department: \_\_\_\_\_ Faculty Sponsor: \_\_\_\_\_

Visitor Type: Student, Academic/Non-Profit, Company, Unpaid Intern, Other \_\_\_\_\_

In what country will the visitor be conducting the remote research: \_\_\_\_\_

Have the initial visit dates been modified? Yes/ No, If yes, please provide the and the revised dates:

New Dates: \_\_\_\_\_

Detailed Description of Remote Research:

Is the Visitor working on any funded research? Yes/No if yes, please describe the type of funded research, and the funding source:

Will the researcher need to access data that may contain sensitive and/or private information? Yes/no. If yes, please describe the sensitive and/or private data: