

THE OHIO STATE UNIVERSITY

School of Music Visiting Artist Request Form

Please complete this form for approval to invite a guest to your class/area.

Your Name:			
Guest Name:			
Guest Email Address:			
Visit Date:			
What class/area they are speaking at:			
Total Payment:			
Funding Source:			
Is this request for in-person or virtual talk?	Virtual	In Person	
If this is In-Person, will you be covering travel expenses: *If Yes, please fill out Page 2 of this form.		No	Yes*
To your knowledge, is this guest an employee and/o	or student at O	SU:	
To your knowledge, is this guest receiving funding f	from another u	init:	
To your knowledge, is this guest international/not a	resident of the	e US:	

Other visit details:

Fill out this page if you are covering travel-related expenses for your guest.

Check any expenses you will be covering for your guest with university funding:

Hotel stay	Airfare
Gas and/or mileage	Per diem (daily meals)
Conference registration	Public transit (bus, Uber)
Parking fees	Other (please describe):

Funding Source:

If applicable, dates of hotel stay:

Preferred hotel:

If applicable, detail the departure location of the flight:

To book airfare, we will need the date of birth of the guest: