

From NDSU Researcher: _____

Department: _____

Telephone/Email address: _____

Requests the development of an Visiting Scientist/Researcher Agreement with:

Name of the other organization: _____

Address: _____

Name of contact person: _____

Telephone/Email address: _____

Please complete following:

1. NDSU investigator is proposing to collaborate with the other investigator, and will require the agreement be completed no later than (date) _____.
2. Describe why the collaboration is needed with the other investigator:

_____.
3. The collaboration will cover the following topics or areas only:

_____.
4. The collaborative work is being funded by which research program?
___ Federally funded program, (name) _____
___ Privately funded program, (name) _____
___ NDSU/department, (name) _____
___ NDSU/RF funded program _____
___ Other program, (name) _____