**infrequent campus visit application**

**infrequent campus visit protocol**

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| --- | --- |
| **FACULTY/STAFF NAME:** | **EMAIL:** |
| **DEPARTMENT:** | **OFFICE:** |

**Campus Spaces and Scope of Work**: List all buildings/rooms/spaces where you will visit, the reason for the visit, and the duration of time of your visit.

|  |  |  |  |
| --- | --- | --- | --- |
| **Space (building, room#)** | **Activities to be Performed** | **Date of Visit** | **Specific time of visit** |
| *Example: E&T A302* | *Collect instructional material from office* | *July 30, 2020* | *11:00am-1:00pm* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Insert additional rows as needed*

1. Signature of Requesting Faculty DATE

2. Signature of Department Chair DATE

3. Signature of College Dean DATE

4. Signature of Asst. Dir., Academic Planning & Facilities DATE