AGREEMENT FOR VISITING SCHOLARS

The University of Chicago (the “University”) agrees to associate with _____________________________________
("You), so that You may visit the University and gain access to certain University facilities and resources in order to engage in
scholarship or research under the auspices of the (unit) ________________________________________
and under the sponsorship of _________________________________________ (the “Sponsor”), a member of the Faculty of
the University. It is the belief of the University and You that such an association or visit shall be beneficial to you and the
University.

Specifically:

The following terms and conditions apply to this agreement:

1) Your association with the University will begin on or about ___________________________ and conclude on or
   before ___________________________ unless sooner terminated by either party or extended by written agreement.
   If your primary academic appointment ends before the planned end of your visit to the University, your association
   with the University will automatically conclude unless expressly extended.

2) Your association does not create an employment relationship between You and the University. Accordingly, You will
   not be entitled to any salary or benefits available to employees of the University.

3) Except as specified herein, You will not be entitled to reimbursement for any expenses you incur as a result of your
   association with the University.

4) While your association with the University continues, You will comply with the University’s statutes and policies
   applicable to its faculty and staff, even though You are not an employee of the University, and You will follow the
   directions and guidance of the Sponsor and other authorized University personnel. Links to most University policies

5) While at the University, You may acquire information, data, procedures and techniques that are confidential,
   proprietary information of the University or of third parties to whom the University has obligations of confidentiality.
   You agree not to disclose such information to others and not to use such information except to the extent necessary
   in the course of your association with the University and solely for the University’s benefit. The agreement not to
   disclose does not apply to information that is published, already known to You, or received by You from other non-
   infringing sources.

6) You hereby assign to the University all of your rights, title and interest in and to any inventions and discoveries that
   may arise from research or other activities You carry out at the University, or with substantial aid of University
   facilities or funds administered by it. You will cooperate by promptly disclosing to the University such inventions and
   discoveries and signing such papers and providing such information as are needed to perfect the University’s rights.

7) While at the University, you may have access to digital publications, data, information, software and the like that have
   been licensed to the University. You may use these materials only while at the University and solely to the extent
   necessary in connection with your association with the University. You may not retain copies of any such materials
   after the expiration of your association.

8) This agreement supersedes any previous associations or appointment You may have had at the University with
   respect to the subject matter of this agreement.

9) The University may terminate this Agreement and Your access to the University’s facilities at any time and in its sole
discretion with or without prior notice, and without any liability to You.
10) You agree to indemnify and hold harmless the University against any claims, losses or associated expenses arising out of Your association with or presence at the University, except to the extent caused by the University’s sole gross negligence.

11) If Your visit is scheduled to last for less than one month, You agree that you have medical insurance and that You are not covered by any University medical insurance of any kind.

12) If You are not a citizen or Legal Permanent Resident of the United States, You may not conduct the activities covered under this Agreement in B-1/B-2 status or under the Visa Waiver Program. The University will sponsor You for J-1 status in either the “Research Scholar” or “Short-Term Scholar” category, if You are eligible for J-1 status. Within three business days of Your arrival at the University, You must visit the Office of International Affairs and present your documents. If You arrive at the University in B-1/B-2 status or under the Visa Waiver Program, this agreement is invalid.

13) Your title will be “Visiting Scholar.” You may use your Visiting Scholar title only in conjunction with and after your primary academic title in your home institution. You may not use the Visiting Scholar title as a stand-alone title. Your title does not confer upon You status as an employee of the University or any benefits other than those set forth in this Agreement.

14) You have reviewed the University’s Conflict of Interest policy for faculty and other academic appointees (available at http://researchadmin.uchicago.edu/policies_compliance/conflict_interest/) and hereby confirm that you do not presently have any Significant Financial Interests that could directly and significantly affect or reasonably be perceived to affect your activities at the University. You agree to disclose in a timely way any conflict to the University’s office of University Research Administration and to cooperate with that office in order to manage the conflict.

You may be reimbursed for (specify amounts and allowed expenses): $__________________________

Sponsor: __________________________________________________________________________
Signature ___________________________ Date ___________________________

Chair: __________________________________________________________________________
Signature ___________________________ Date ___________________________

Dean/Director: __________________________________________________________________________
Signature ___________________________ Date ___________________________

Provost Approval: __________________________________________________________________________
Signature ___________________________ Date ___________________________

By Your signature, you indicate that you have read and accept the terms of this Agreement

________________________________________________________________________________________
Signature ___________________________ Date ___________________________