

GUEST FORM

Department of Social Science

Faculty of Liberal Arts and Professional Studies, York University

REQUESTED BY

Instructor's Name: _____

Course Code & Title: _____

Date: _____ Signature: _____

Purpose of Visit (Description):

GUEST DETAILS

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____
Required

Telephone: _____

Social Insurance Number: _____ EXPIRY: _____
REQUIRED Required (if applicable)

Are you legally permitted to work in Canada?: _____ Yes / No Date of Birth: _____
Required (mm/dd/yy)

Date of Visit: _____ Employed by York University?: _____ Yes / No

Time: _____ Location: _____

IMPORTANT NOTES:

- Honorarium payment of \$200.00 per course, per year paid by the Department of Social Science. This payment will NOT be processed unless this form is completed in full and returned to Administrative Assistant, S755 Ross
- Payment will be sent to the guest after their visit to York University.

OFFICE USE ONLY:

DATE RECEIVED: _____

ADMIN INITIALS: _____

DATE PROCESSED: _____