



Office of Scholars, Interns, and Professionals

1200 Getty Center Drive, Suite 1100
Los Angeles, CA 90049-1688

Tel 310 440 6660 Fax 310 440 7782
E-mail osip@getty.edu www.getty.edu/osip

SCHOLAR, FELLOW, GUEST SCHOLAR & GUEST RESEARCHER QUESTIONNAIRE

Please print clearly and complete all applicable questions. If an item does not apply to you, mark with "n/a." The information requested below is strictly confidential and used for internal purposes only. It will enable us to correctly process your payment, determine your visitor status for tax purposes and apply for any tax exemption treaties on your behalf.

☐ Male ☐ Female

Prof./Dr./Mr./Ms./Mrs. Last Name (Family Name) First Name Middle Name

Name at Birth, if different Date of Birth (mm/dd/yy) City of Birth

Country of Birth Country of Citizenship Country of Legal Permanent Residence

Home Mailing Address (your permanent place of residency – No P.O. boxes)

City State Postal Code Country

Home Phone Mobile Number E-Mail Address

U.S. Address (if any)

U.S. City State Postal Code

U.S. Phone U.S. Mobile Number U.S. E-Mail Address

U.S. Social Security Number (SSN) (if any): Individual Taxpayer Identification Number (ITIN) (if any):

What will your relationship with the Getty be during your residency? ☐ Researcher/Intern/Scholar ☐ Other (please specify):

What type of payment will you receive from the Getty? ☐ Grant/Fellowship/Stipend – No Services Required ☐ Travel ☐ Other (please describe):

Estimated date of arrival to the U.S. related to this Getty visit? (mm/dd/yy) Estimated date of departure from the U.S.? (mm/dd/yy)

What type of visa will you use for your activity at the Getty?

- ☐ J-1 Visa: Professor, Research Scholar, Trainee, Short-Term Scholar, or Specialist ☐ H-1B Visa Employee ☐ B-1 Visa Business Visitor
☐ Employment Authorization Document (EAD) Applicant ☐ Canadian citizen ☐ Other: _____
☐ U.S. citizen, Permanent Resident or Immigrant (green card holder) ☐ WB/WT Visa Waiver Program

Please complete if you currently have a visa: Current Visa Type Visa Number Issue Date (mm/dd/yy) Expiration Date (mm/dd/yy)

Do you anticipate being in the U.S. more than 180 days this calendar year? ☐ Yes ☐ No Passport Number*: _____

*Please E-mail a copy of the information page of your passport to osip@getty.edu. Disregard if you are a U.S. citizen or permanent resident.

If you are not a U.S. citizen, permanent resident or immigrant, have you been in the U.S. prior to your visit to the Getty? ☐ Yes* ☐ No

*If yes, please approximate the total number of days physically present in the U.S. for each of the last 7 individual calendar years beginning with the current year.

Calendar Year	Number of Days	Type of Visa	Visa Category	Calendar Year	Number of Days	Type of Visa	Visa Category
<u>Example:</u> <u>2006</u>	<u>40</u>	<u>J-1</u>	<u>Research Scholar</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Have you attended and/or are you currently attending a U.S. educational institution? Please disregard if you are a U.S. citizen or permanent resident.

☐ Yes* ☐ No *If yes, please provide the following information:

Name of Institution

Period of Attendance

I hereby certify that the information submitted on this form and accompanying documentation is true, correct and complete to the best of my knowledge. If I receive an extension of my visa status or if my visa/immigration status changes, I will notify the person that requested this form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Date (mm/dd/yyyy)



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Additional Addresses

Office Mailing Address (if any) _____ Name of Institution _____

City _____ State _____ Postal Code _____ Country _____

Office Phone _____ Office Fax Number _____ E-Mail _____

Non-U.S. Address (If you are not a U.S. citizen or permanent resident but are currently living in the U.S., please provide an address in your country of citizenship)

City _____ State _____ Postal Code _____

Non-U.S. Phone _____ Non-U.S. Fax Number _____

Other Address (if any)

City _____ State _____ Postal Code _____

Other Phone _____ Other Fax Number _____

Preferred Mailing Address: ☐ Home ☐ Office ☐ U.S. ☐ Non-U.S. ☐ Other

If you have any special mailing instructions for the Office of Scholars, Interns and Professionals, please describe your needs below:
(example: "I will be available in my office until June 30. After that time, I will be at my home address.")

Additional Information

Your preferred first and last name as you would like for it to appear on Getty staff lists, badge, etc: _____

At what level do you speak English? ☐ Native Speaker ☐ Fluent ☐ Some ☐ Other

What other languages do you speak? _____

Current Work Information

Field of Study/Specialty: _____

Current Position (Enter one selection and its corresponding number from the list below): _____

115. Professionals and Scientists in Central Government

125. Professionals and Scientists in Regional Government

135. Professionals and Scientists in City or Town Government

143. Employee of International Organization

213. University Teaching Staff including Researchers

214. University Graduate Students

215. University Undergraduate Students

219. University, Others (Please specify)

242. Special School, Institute, or Vocational Teacher of Staff

315. Professionals or Scientists in Private Business

320. Self-Employed Professionals

334. Employee of Independent Institution or Corporation

411. Artist (Graphic Arts)

412. Author (Playwright, Poet)

414. Film (or Stage) Producer

415. Composer or Musician

419. Arts, Other (Please specify)

631. Film Maker

Spouse/Partner Information

Marital Status: ☐ Single ☐ Married

Will your spouse/partner travel with you to Los Angeles and remain for the entire stay? ☐ Yes* ☐ No

*If yes, please complete the following section.



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Spouse/Partner Information (continued)

Prof./Dr./Mr./Ms./Mrs. Last Name First Name ☐ Male ☐ Female
Middle Name Date of Birth (mm/dd/yy)
City of Birth Country of Birth Country of Citizenship
Country of Legal Permanent Residence Passport Number * (please disregard if your spouse/partner is a U.S. citizen)
*Please E-mail a copy of the information page of your spouse's passport to osip@getty.edu. Disregard if he/she is a U.S. citizen or permanent resident.

Child/Dependent Information

If you have children/dependents, will they travel with you to Los Angeles and remain for the entire stay? ☐ Yes* ☐ No
*If yes, please complete the child/dependents sections below and please E-mail a copy of the passport information page of each of your children or dependents to osip@getty.edu. Disregard if he/she is a U.S. citizen or permanent resident.

Child/Dependent #1

Last Name (Family Name) First Name Middle Name ☐ Male ☐ Female
Date of Birth (mm/dd/yy) City of Birth
Country of Birth Country of Legal Permanent Residence Country of Citizenship
Will your child/dependent need to be enrolled in school? ☐ Yes* ☐ No *If yes, please complete the following section
☐ Pre-school (age 2-4) ☐ Elementary (age 5-10) ☐ Middle School (age 11-14) ☐ High School (age 15-18)

Child/Dependent #2

Last Name (Family Name) First Name Middle Name ☐ Male ☐ Female
Date of Birth (mm/dd/yy) City of Birth
Country of Birth Country of Legal Permanent Residence Country of Citizenship
Will your child/dependent need to be enrolled in school? ☐ Yes* ☐ No *If yes, please complete the following section:
☐ Pre-school (age 2-4) ☐ Elementary (age 5-10) ☐ Middle School (age 11-14) ☐ High School (age 15-18)
☐ If you have additional children or dependents, please check the preceding box, complete the form included in the following link and send it to osip@getty.edu :
http://www.getty.edu/osip/pdfs/further_dependents.pdf

Emergency Contact Information

Please provide names and telephone numbers of contacts not coming with you to Los Angeles to notify in case of an emergency.

Contact Last Name	Contact First Name	Contact Telephone	Alternate Telephone
Contact Last Name	Contact First Name	Contact Telephone	Alternate Telephone



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Personal Information Release – *Not Required*

I authorize the Getty to release the information related to my activities and circumstances at the Getty, to the individuals listed below:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Getty Travel Information

Would you like the Getty to coordinate your travel to Los Angeles? ☐ Yes ☐ No

Car Information

If you are coming from the U.S. or Canada, are you considering driving to Los Angeles instead of flying? ☐ Yes ☐ No

Will you have a car at the Getty? ☐ Yes* ☐ No *If yes, and you know the vehicle information please fill out the rest of this section

License Plate # _____ Year _____ Make _____ Model _____ Color _____

Housing/Medical Needs

Do you, or anyone else staying at Getty Scholar Housing with you...

i. ...smoke? ☐ Yes ☐ No

ii. ...have difficulty climbing stairs? ☐ Yes ☐ No

iii. ...have any known allergies? ☐ Yes* ☐ No

*If yes, please describe allergy or allergies above

iv. ...have any dietary restrictions? ☐ Yes* ☐ No

*If yes, please describe restriction(s) above

v. ...have any special medical needs? ☐ Yes* ☐ No

*If yes, please describe special medical needs above

vi. ...expect to have a baby before your arrival at the Getty? ☐ Yes ☐ No

vii. ...plan to bring a pet? ☐ Yes ☐ No

Use of Likeness

In consideration of participation in Getty-related activities, I hereby agree and consent that photographs, video and audio recordings of me, my voice, likeness and appearance created by representatives of the Getty may be used by the Getty for performance, publication, reproduction or any other lawful purpose in any medium.

Signature _____

Date (mm/dd/yyyy) _____

IF YOU HAVE BEEN INVITED BY THE GCI, STOP HERE! YOU ARE DONE!



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**SCHOLAR, FELLOW, GUEST
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FOR GETTY RESEARCH INSTITUTE (GRI), MUSEUM AND VILLA SCHOLARS, FELLOWS AND GRI GUESTS ONLY

Research Plans

The Getty may make public internal announcements of your residency. Please provide the following information on the subsequent pages (or attach as a separate sheet):

- 1) Name, title and institutional affiliation;
- 2) Publications -- list what you would like us to use (3-4 only);
- 3) A one-page description of your research project at the Getty;

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**** ATTENTION U.S. NON-RESIDENT ALIENS: PLEASE REMEMBER TO E-MAIL THE**
INFORMATION PAGE OF EACH RELEVANT PASSPORT TO OSIP@GETTY.EDU **

THANK YOU!