

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/ZIP: _____

EMAIL: _____
REQUIRED

TELEPHONE: _____

SOCIAL INSURANCE NUMBER (SIN): _____ **REQUIRED** EXPIRY: _____ **REQUIRED (if applicable)**

Are you legally permitted to work in Canada? YES NO DATE OF BIRTH (DOB): _____
REQUIRED(mm/dd/yy)

Date of Visit: _____ Previously employed by York University? YES NO

Time: _____ Location: _____

IMPORTANT NOTES:

- ❖ Allowable 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 Coordinator Ross S755 or Email: soscAC@yorku.ca
- ❖ Payment will be sent to the guest AFTER their visit to York University.

OFFICE USE ONLY:

DATE RECEIVED: _____

ADMIN INITIALS: _____

DATE PROCESSED: _____