**EXTENSION FORM FOR VISITORS**

|  |  |
| --- | --- |
| **First name:** |  |
| **Last name:** |  |
| **Preferred name:** |  |
| **CRSid:**  |  |
| **New end date:** |  |
| Confirm that the visitors` employment/course/fellowship details are the same as per original Request to Invite form | Yes | No (provide new details): |
|  |  |
| **Bench fee:**  | Yes | No |
| If yes, give details: | Per month  | £  |  |
| Total/One off payment | £  |  |
| Job Number nominated to receive 50% share of bench fee |  |
| Method of Payment(tick or highlight one) | In Person  |  |
| Invoice  |  |
| Internal Transfer | Job number: |
| **Admin fee Job number:**(applies only for GAE visa extensions and embedded researchers` extension) |  |
| **Head of the Division approval/signature:** |  |
| **Date:** |  |