**RESEARCH VISIT REQUEST**

Please complete this form and return it to **research@louvreabudhabi.ae**.

Please, be aware that on your visit you will be **required** to bring an ID.

|  |  |
| --- | --- |
| **Date** | **Nationality:** |
| **Name:** | **First Name**: |
| **Phone:** | **Email**: |
| **Position/Degree** | **For students, please write the name of your professor/supervisor** (with contact details) |
| **Affiliation** (e.g. college, university, museum, including department and year of study if relevant) | |
| **Fields of study**   * Museum studies (please specify): * Art history (please specify): * Other (please specify): | |
| **Description of the research and its purpose** | |
| **The proposed use and the expected outcomes of the research** (when and where the results of this study will be published) | |
| **Can you highlight the potential for joint publication with our staff (if any)?** | |
| **References to any relevant papers already published (if any)** | |
| **Do you require an access to the Permanent Galleries?**  YES  NO | |
| **Do you need to conduct interviews with LAD staff?**  YES  NO  **If yes, please justify and precise the name(s) of staff or departments** | |
| **Any additional comment to support your request** | |
| **Required date(s) of visit** |  |
| *I confirm that the details furnished above are true and correct to the best of my knowledge and belief.*  **Signature** | |

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| **For Louvre Abu Dhabi staff use only** | |
| Application AGREED  DECLINED  Date       Signature of LAD staff | |
| **If agreed**  Date of the visit  Time of the visit  **Access granted to:**  Permanent galleries  LAD staff (interviews).  Precise the names, department and contact details of LAD staff who will be interviewed | **If declined**  Reason: |
| **On the day of the visit**  ID checked  Researcher accompanied by | |
| **Request n°** | |