**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.

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| --- | --- |
| **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 checkedResearcher accompanied by       |
| **Request n°** |