

AMNH, DEPARTMENT OF MAMMALOGY
First-time visitor application

Name _____ Title _____
Department / Institution _____
Address _____
City / State _____ Country / Postal Code _____
e-mail _____ Telephone _____

Students must include the following information about their advisor:

Name _____ Title _____
Department / Institution _____
e-mail _____ Telephone _____

Note: a letter of support from the student's advisor must accompany student requests. The letter must state the student's experience working with museum specimens as well as past experience with the proposed procedure. Support letter may be e-mailed to mammvisits@amnh.org. Click here for [instructions on saving and e-mailing this form](#).

Proposed dates of visit _____

Purpose and scientific merit of the proposed research:

Examination procedures to be followed:

Specimens to be examined (which taxonomic groups? what parts of the specimens?):

Any other information that you feel is pertinent to this request: