INSTRUCTIONS:
- Complete the top portion of this form.
- Give the form to your current supervisor or department chair or dean for approval.
- Provide the offer letter and this completed form to your current exchange visitor advisor/responsible officer.
- Send the completed form to ISAO by email (isaoadvisor@umkc.edu) or fax (816-235-6502)

EXCHANGE VISITOR MUST COMPLETE:

FAMILY NAME: __________________________ GIVEN NAME: __________________________

EMAIL: __________________________ HOME COUNTRY: __________________________

CURRENT INSTITUTION: __________________________

DEPARTMENT: __________________________ COMPLETED PROJECT/OBJECTIVE? ☐ YES ☐ NO

I HEREBY REQUEST PERMISSION TO BE RELEASED TO UMKC'S EXCHANGE VISITOR PROGRAM ON: __________________________

SIGNATURE: __________________________ DATE: __________________________

EXCHANGE VISITOR’S CURRENT FACULTY SUPERVISOR MUST COMPLETE:

☐ I have met with this Exchange Visitor to discuss their request to transfer to UMKC.

☐ I have no objections to the release of this Exchange Visitor from their current program at my institution.

☐ This Exchange Visitor’s program participation at my institution will end on __________________________.

☐ This Exchange Visitor plans to continue their originally stated program objectives at UMKC.

NAME: __________________________ TITLE: __________________________

DEPARTMENT: __________________________ DATE: __________________________

SIGNATURE: __________________________

EXCHANGE VISITOR’S ALTERNATE RESPONSIBLE OFFICER MUST COMPLETE:

END DATE ON DS-2019: __________________________ WILL RELEASE RECORDS ON: __________________________

ARO’S NAME: __________________________ ARO’S SIGNATURE: __________________________

INSTITUTION: __________________________

EMAIL: __________________________ PHONE: __________________________

As of 05/23/2018