

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: _____
MONTH/DAY/YEAR

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: _____