[Place on department letterhead]

DATE

TO: UMB Office of International Services

RE: Adding Site of Activity for \_\_\_\_\_\_\_\_\_(Scholar Name)

\_\_\_\_\_(Scholar Name) is working on a collaborative project with \_\_\_\_\_\_\_(Other Institution). For this project, the scholar will need to spend \_\_\_\_(%) of their time at \_\_\_\_\_(Other Institution). While at the other institution, they will be supervised by \_\_\_\_\_\_\_\_\_(Faculty member(s) names). \_\_\_\_\_ (Name of Faculty Supervisor at other institution) holds the appointment title \_\_\_\_\_ in the UMB School of Medicine, department of \_\_\_\_\_\_. The scholar will not receive any direct payment from \_\_\_\_(other institution).

Please add the below address as site of activity for \_\_\_\_(scholar name).

 Name of Institution:

 Street Address 1:

 Street Address 2:

 City, State:

 Zip code:

Thank you for your assistance with this request.

Sincerely,

Department Chair/Chair’s Designee/Department Administrator