

SCHOOL OF MEDICINE

Program Director / Supervisor Statement of Support

Form must be submitted no later than eight weeks before the start of the semester requested below.

EMPLOYEE SECTION

Employee Name (Last, First, Middle Initial)	Employee ID
Semester or/Session and Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	Center for Distance and Independent Study Courses <input type="checkbox"/> Yes <input type="checkbox"/> No

COURSE SECTION

Campus	Course Number	Reference Number	Course Title (Enter exact title as listed in catalog)	Number of Course Hours

AGREEMENTS

<p>// I understand that the applicant will be completing one (1) graduate class of up to three (3) credit hours and that the tuition to the course will be waived by the School of Medicine.</p> <p>// I understand that the applicant will be officially enrolled in the class and must register for the course following UMKC policy.</p> <p>// I understand that the applicant will need to attend the formal class sessions as scheduled</p> <p>// I agree to provide the applicant with protected release time to fulfill his/her class responsibilities and attend class.</p>	
Supervisor or Director Signature	Date

DEPARTMENT SECTION

Home Department Director / Supervisor Name (Please Print)		
Email Contact Information	Campus Address	Office Phone No.