



Individual Site Visit Registration Form

College/University Address:

Name (as it appears on your passport): _____

Title: _____ Department: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Office Phone: _____ Mobile: _____ Email: _____

Site Visit Information:

Which interstudy program(s) would you like to visit? _____

On what date(s) would you like to visit? _____

Will you be visiting other programs or have other obligations during this trip? If so, please describe, including dates:

Personal Info:

Date of Birth (mm/dd/yy): _____ Country of Citizenship: _____

Passport Number: _____ Date of Issue: _____ Expiration Date: _____

Emergency Contact Info:

Name/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Mobile: _____ Email: _____

Site Visit Objectives:

Please provide us with a short statement answering the following questions:

1. What is your current position and what are your goals for participating on the interstudy site visit?
2. How do you anticipate sharing the results of the site visit to your college/university?

As a requirement of your participation, we will ask you to evaluate the visit, provide recommendations for future visits, and let us know whether the visit met your objectives. We will email you an electronic evaluation form for this purpose after the conclusion of the visit.

Complete and return form to Katie Smith at Katie.Smith@interstudy.org.