



GROUP VISIT REQUEST FORM

High School/College Dual Credit Partnerships (HSCP)

Date Requested:

1st Choice Date: _____

Arrival Time: ___ 9:00 am ___ 1:00 pm ___ 3:00 pm

Departure Time: _____

2nd Choice Date: _____

Arrival Time: ___ 9:00 am ___ 1:00 pm ___ 3:00 pm

Departure Time: _____

Group Contact Information:

Contact Name: _____

Name of School: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Number of Students: ___ Number of Chaperones*: ___

*In order to provide the best experience possible, we **require** your group have one chaperone for every 10 students.

Group Visit Activities:

- | | |
|---------------------------|--------------------------|
| ___ Campus Tour | ___ Campus Special Event |
| ___ Classroom Observation | ___ Lunch |
| ___ Library | |



Accommodation Needed:

Are any special accommodations needed (i.e., wheelchair needs)?

AGREEMENT:

We ask that you carefully read our Group Visit Agreement prior to submitting you request.

- It is the responsibility of the chaperones to attend all sessions with their group, including the campus tour.
- The use of electronic devices, such as cell phones, mp3 players, or iPods, is not permitted during the visit.
- If at any time during the visit the group is deemed unruly or unmanageable by UMKC staff, then the visit will end.
- Cancellation of visits must occur at least 24 hours in advance. Failure to provide appropriate cancellation notice may limit future scheduling opportunities for your group.
- If a late arrival is anticipated, it is the responsibility of the point of contact to notify the Welcome Center. In the event of a late arrival, the visit will likely be modified.

I have read and agree to the guidelines for group visits and confirm our request.

You should receive notification from the HSCP that we received your request within 7 days of submission. Your visit confirmation of date, time, and agenda will be sent via email and/or fax our office within two weeks, of submission of request form. The Welcome Center will make every effort to schedule your visit during the time you requested.

You may fax your request to the HSCP at (816) 235-1728 or email atkinsl@umkc.edu

Please note that submission for this form **does not** confirm your group visit.

Thank you for your interest in University of Missouri-Kansas City, Go Roos!