

PACIFIC ISLAND MPA COMMUNITY EXCHANGE VISIT REQUEST FORM

MENTOR	Name	
	Position	
	Organization	
MENTEE	Name	
	Position	
	Organization	
DATES OF LEARNING EXCHANGE		
OBJECTIVES OF THE EXCHANGE		
EXPECTED OUTCOMES		
PROPOSED DELIVERABLES OR PLAN FOR FOLLOW ACTIVITIES THAT ARE TIED TO THE OBJECTIVES (THESE SHOULD BE FINALIZED DURING THE VISIT)		

***** This form must be accompanied by letters of support from supervisors of both host and visiting organizations/agencies**