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**INTERNATIONAL VISITOR REQUEST FORM**

*Please complete this form at least fourteen (14) days prior to the date of your proposed visit.*

*Please submit completed form to* [*liaison@upm.edu.my*](mailto:liaison@upm.edu.my)

Date of Proposed Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Proposed Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Person Making the Visit Request:

|  |  |  |
| --- | --- | --- |
| Title | First Name | Last Name |
|  |  |  |
| Position |  | |
| Organisation |  | Public Private |
| Organisation Website |  | |
| Email |  | |
| Contact Number |  | |

|  |
| --- |
| Objectives of the Visit: |

Information on UPM Student Exchange Collaboration

Staff Exchange Research

Others (Please specify):

|  |
| --- |
| Specific Areas / Topics of Interest for Discussion: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Leader of Delegation / Visiting Group: | | | |
| Name | Position | Email | Contact No |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List of Delegates / Visitors: | | | | |
| No. | Name | Position | Department / Faculty | Email |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

*\*Please use the attachment if necessary*

|  |  |  |  |
| --- | --- | --- | --- |
| Contact person at Universiti Putra Malaysia, if any: | | | |
| Name | Position | Email | Contact No |
|  |  |  |  |

Thank you for completing the International Visitor Request Form.

Kindly email to [liaison@upm.edu.my](mailto:liaison@upm.edu.my) if you need assistance.



