|  |
| --- |
| **VISIT REQUEST FORM** |

**IMPORTANT to note:**

1. All sections **must** be completed in full.
2. The completed form should be submitted to [iceo@iium.edu.my](mailto:iceo@iium.edu.my) at least **14 days** priorto the date of your proposed visit.
3. Requests submitted by **agents (including travel agents)** will not be accepted.

**Date and time of proposed visit:**

|  |  |  |
| --- | --- | --- |
| **Date of visit** | **Start Date** | **End Date** |
|  |  |
| **Time of visit** | **Start Time** | **End Time** |
| **a.m./ p .m.** | **a.m./ p.m.** |

**Details of applicant:**

|  |  |  |
| --- | --- | --- |
| **Title (Prof./Dr./Mr./Ms.)** | **Name** | |
|  |  | |
| **Position** |  | |
| **Institution / Organisation** |  | |
| **Country** |  | |
| **Email** |  | |
| **Contact information** | **Office:** | **Mobile:** |

**Purpose of the visit:**

(Background, strengths, centres of excellence (if any), etc.)

|  |
| --- |
|  |

**Topics of Interest for Discussion:**

(Please specify clearly to enable us to ensure that relevant faculties/offices are represented at the meeting)

|  |
| --- |
|  |

**Overview of the Institution / Organisation:**

(Background, strengths, centres of excellence (if any), etc.)

|  |
| --- |
|  |

**Person(s) You Would Like to Meet:**

|  |  |
| --- | --- |
| **Name** | **Designation** |
| 1 |  |
| 2 |  |
| 3 |  |

**Total number of delegates: \_\_\_\_\_\_\_\_\_\_**

**Leader of Delegation / Visiting Group:**

(Kindly provide CV or biography)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Prof./Dr./Mr./Ms.)** | **Name** | **Position** | **Mobile Number** |
|  |  |  |  |

**Information of Delegates / Visitors:**

(Kindly include all members of delegation to facilitate seating arrangements)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Prof./Dr./Mr./Ms.)** | **Name** | | **Position** |
|  |  | |  |
|  |  | |  |
|  |  |  |  |
|  |  | |  |
|  |  | |  |

**The delegation’s contact person whilst in Malaysia:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **Mobile Number** |
|  |  |  |

\*Please use attachment if necessary

**Thank you for completing the Visitor Request Form.**