

Visit Request Form

IMPORTANT to note:

1. All sections **must** be completed in full.
2. The completed form should be submitted to iufom@um.edu.my at least **2 months** prior to the date of your proposed visit.
3. Requests submitted by **agents (including travel agents)** will not be accepted.
4. Student groups seeking a visit or campus tour are requested to:
 - Contact the Marketing and Recruitment Centre at study@um.edu.my / Tel: +603-7967 3592 (*applicable to requests from schools and local universities*)
 - Contact the Global Enrichment & Mobility Centre at studyabroad@um.edu.my / Tel: +603-7967 7711 (*applicable to universities outside Malaysia*)

Date and Time of Proposed Visit: _____ ****** (dd/mm/yyyy) / _____ (a.m./p.m.)
 Duration of visit: _____ (hours)

****Note:-**

Please submit this request form at least 2 months before your visit date to ensure the proper arrangement, planning and execution of the event. If the date is less than 2 months then UM has the authority to reject this application.

Person Making the Visit Request:

Title (Prof./Dr./Mr./Ms.)	First Name	Last Name	
Position			
Organisation			
Organisation's Website			
Email			
Contact information	Tel:	Mobile:	Fax:

Overview of the Institution / Organisation:

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

QS Ranking	Overall	
	In relation to the area of interest for collaboration	
Organisation's academic ranking in the country of origin		

Please provide a justification for the visit if the visiting institution is not ranked within the top 300 institutions as according to the QS ranking list.

Topics of Interest for Discussion:

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

Do you have any previous association with the Universiti Malaya? (If yes, please specify)

Person(s) You Would Like To Meet:

Name	Designation

Total number of delegates: _____

Leader of Delegation / Visiting Group:

(Kindly provide CV or biography)

Title (Prof./Dr./Mr./Ms.)	First Name	Last Name	Position

Information of Delegates / Visitors:

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

Title (Prof./Dr./Mr./Ms.)	First Name	Last Name	Position

The delegation's contact person whilst in Malaysia:

Name	Designation	Mobile Number

For your delegation to receive maximum benefit from their visit, they should either have a working knowledge of English or be accompanied by an interpreter. The University of Malaya is not able to provide interpretation services.

Name of Interpreter

Acknowledgement:

We hereby declare that

- the information provided is correct.
- we shall be responsible to take care of the logistics need of our visits (e.g. transport, accommodation and meals) on our own.
- we shall only start the logistic arrangements for the proposed visit after receiving approval from UM

Leader of Delegation

Thank you for completing the Visit Request Form.
Should you have any queries, please send us an e-mail at iufom@um.edu.my

FOR OFFICE USE

Date of Proposed Visit: _____

Time of Proposed Visit: _____

FOM Management Meeting Approval Date: _____

Action:

Approved

Denied – Reason _____

Signature:

Dean/DD/HOD Approval & Stamp