

ALUMMNI VISIT APPLICATION FORM

ALUMNI REPRESENTATIVE INFORMATION	
Name	
Batch	
Contact Number	
Email	
VISIT DETAILS	
Preferred Visit Dates	
Expected Number of Attendees	
Purpose of Visit	
Proposed Activities (subject to availability)	
Areas to Visit (subject to availability)	
ALUMNI SOCIETY INFORMATION	
Contact Person	
Contact Number	
Email	
DECLARATION	
<p>I/we hereby declare that the information provided in this application is true and accurate to the best of my/our knowledge. I/we understand that the approval of this application is subject to the review and discretion of the Dean's Office, Faculty of Medicine, Universiti Malaya.</p>	<p>Applicant Signature</p> <p>Name:</p> <p>Date:</p>

FOR OFFICE USE

Diterima Oleh
Received by:

Nama/Name:
Jawatan/Position:
Tarikh/Date:

Tindakan/Action:

Diluluskan / Approved

Tidak Diluluskan / Denied

Signature:

Dean of Faculty of Medicine

Name:

Date: