

SCHOOL VISIT APPLICATION FORM

SCHOOL REPRESENTATIVE INFORMATION	
Teacher's Name	
School's Name	
Contact Number	
Email	
VISIT DETAILS	
Preferred Visit Dates	
Expected Number of Attendees	
Purpose of Visit	
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	
<p>Diterima Oleh <i>Received by:</i></p> <p>Nama/Name: Jawatan/Position: Tarikh/Date:</p>	<p>Tindakan/Action:</p> <p><input type="checkbox"/> Diluluskan / Approved</p> <p><input type="checkbox"/> Tidak Diluluskan / Denied</p> <p>Signature:</p> <p>Dean of Faculty of Medicine</p> <p>Name:</p> <p>Date:</p>