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| --- | --- |
|  | **INTERNATIONAL DELEGATION WORK PLAN FORM** |

Please completethis form ***at least 45 days prior*** to the date of your proposed visit.

**Please submit completed form to** **ico@ctump.edu.vn****.**

**Your plan will be considered upon receipt of these details.**

**1. Date and time of the proposed visit**

|  |
| --- |
|  |

**2. Person making the work plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Website** |  |
| **Name** |  | **E-mail** |  |
| **Department/Unit** |  |  | **Website** |  |
| **Organisation** |  | **E-mail** |  |

**3. Work plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time** | **Activity** | **Responsible person from the delegation****(name & email)** | **Suggested CTUMP's department/ unit working with** | **Suggested students (specialty & quantity)** |
| 1 |  |  |  |  |  |  |
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| 2 |  |  |  |  |  |  |
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| 3 |  |  |  |  |  |  |
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| 4 |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |
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**Thank you for completing the Work Plan Form.**

**Any questions, please email to** **ico@ctump.edu.vn****.**