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|  | **INTERNATIONAL DELEGATION VISIT REQUEST 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 request will be considered upon receipt of these details.**

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

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**2. Person making the visit request:**

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

**3. Name of delegation/visiting group**

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**4. Overview of the institution/organisation**

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**5. Purpose of visit**

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**6. Specific areas/topics of interest for discussion**

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**7. Do you have any previous association with Can Tho University of Medicine and Pharmacy (CTUMP) or by whom was you introduced to CTUMP?**

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**8. CTUMP's faculties/departments/units do you want to work with?**

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**9. Leader of delegation/visiting group**

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| --- | --- | --- | --- | --- |
| **Title** | **First name** | **Last name** | **Specialty** | **Organization** |
|  |  |  |  |  |

**10. Members of delegation**

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| --- | --- | --- | --- | --- |
| **Title** | **First name** | **Last name** | **Specialty** | **Organization** |
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**11. Ask for support from CTUMP (transportation, accommodation, getting business visa, etc.)**

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**12. Other notes**

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

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