

**VISITORS REQUEST FORM**

Please completethis Form ***at least two weeks prior*** to the date of your proposed visit.

**Please submit completed form to** iro@yru.ac.th / **Fax:** +66 73 299 601

**Your request will be attended to upon receipt of this completed form.**

**Date and Time of Proposed Visit:**

**Duration of visit:**

**Person Making the Visit Request:**

|  |  |  |
| --- | --- | --- |
| **Title** | **First Name** | **Last Name** |
|  |  |  |
| **Position** |  |
| **Organisation** |  |
| **Organisation Website** |  |
| **Email** |  |
| **Telephone/****Mobile Telephone** |  |
| **Facsimile** |  |

**Name of the Delegation / Visiting Group:**

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|  |

**Overview of the Institution / Organisation:**

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**Objectives of the Visit:**

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**Person(s) / Faculties / Departments You Would Like To Meet:**

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**Specific Areas / Topics of Interest for Discussion:**

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**Do you have any previous association with Yala Rajabhat University?**

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**Leader of Delegation / Visiting Group:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **First Name** | **Last Name** | **Position** | **Email Address** | **Contact No** |
|  |  |  |  |  |  |

**List of Delegates / Visitors:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **First Name** | **Last Name** | **Position** | **Email Address** |
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 \*Please use attachment if necessary

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

**Kindly email iro@yru.ac.th if you need any assistance.**