



# Visitors Request Form

Please complete this Form *at least one month prior* to the date of your proposed visit.

Please submit completed form to [chidchanok.ri@psu.ac.th](mailto:chidchanok.ri@psu.ac.th)

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
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 Prince of Songkla University?**

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**Leader of Delegation / Visiting Group:**

Title	First Name	Last Name	Position	Email Address

**Contact person at Prince of Songkla University, if any:**

Title	First Name	Last Name	Position	Email Address

**List of Delegates / Visitors:**

Title	First Name	Last Name	Position	Email Address

**Thank you for completing the Visitor Request Form.  
Any questions, please email: [chidchanok.ri@psu.ac.th](mailto:chidchanok.ri@psu.ac.th)**