BORANG PERMOHONAN LAWATAN ANTARABANGSA KE UKM
(VISITOR REQUEST FORM)

Please tick (√) one box below:

☐ Students Visit (*at least **four (4) weeks** prior to the date of your proposed visit*)

☐ Students Seminar (*at least **eight (8) weeks** prior to the date of your proposed visit*)

☐ Other Visit (*at least **two (2) weeks** prior to the date of your proposed visit*)

Date of Proposed Visit : _____

Time of Proposed Visit : _____

Details of Person Making the Visit Request	
Name	
Position	
Organisation	
Website	
Email	
Telephone	
Mobile Number	

Overview of the Institution / Organisation:

Objectives of the Visit:

☐ Information on UKM ☐ Admission / Academic Matters ☐ Academic Promotions

☐ Student / Staff Exchange ☐ Research ☐ Collaboration

☐ Others (Please specify): _____

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

UNIVERSITI KEBANGSAAN MALAYSIA
The National University of Malaysia

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Specific Areas / Topics of Interest for Discussion:

Do you have any previous association with Universiti Kebangsaan Malaysia?

Leader of Delegation / Visiting Group:

Name	Position	Email	Contact No

Contact person at Universiti Kebangsaan Malaysia, if any:

Name	Position	Email	Contact No

List of Delegates / Visitors:

No.	Name	Position	Department / Faculty	Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

*Please use attachment if necessary

Thank you for completing the Visitor Request Form.
Kindly email snkamaliah@ukm.edu.my if you need any assistance.