



Silpakorn University International Visitor Request Form (External)

Please complete this form at least twenty working days (4 weeks) prior to the date of the visit.

This Application Form is to be returned to Ms Luckhana Bandittsri by email to: contact.inter@su.ac.th

Start time of proposed visit: _____ **End time of proposed visit:** _____

Date of proposed visit: Day: _____ Month: _____ Year: _____

Contact person making the visit request:

Title	First name	Last name
Position		
Organisation		
Address		
Website		
E-mail		
Telephone		
Facsimile		

Name of delegation / visiting group:

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Purpose of visit:

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Overview of the institution / organisation:

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Specific areas / topics of interest for discussion:

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Campus Tour:
(Please list specific facilities of interest)

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Leader of delegation / visiting group:

Title	First name	Last name	Position

Names of delegation / visitors:

Title	First name	Last name	Position

Contact details in Bangkok - flight times/numbers, hotel and transportation arrangements

(A finalised program will be sent via e-mail):

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PLEASE NOTE:

For your delegation to receive maximum benefit from their visit they should either have a working knowledge of English, or be accompanied by an interpreter. It is appropriate for the visiting organisers or delegations to arrange this service.

Thank you for completing the Visitor Request Form.