



# Visitors Request Form

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

Please submit completed form to [psu-international@psu.ac.th](mailto:psu-international@psu.ac.th) / Fax: 66 74 446825

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
Mr		
Position		
Organisation		
Organisation's 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

**Full List of Delegates / Visitors:**

No.	Title	Name	Position	Faculty / Office / Department

\* for more delegates, kindly add rows or attach the full list in Word format

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