



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 / Fax: 66 74 446825

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

Date and Time of Proposed Visit: Tuesday, 24 December 2019 _____

Duration of visit: Half day _____

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:

--

Overview of the Institution / Organisation:

--

Objectives of the Visit:

--

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

--

Specific Areas / Topics of Interest for Discussion:

--

Do you have any previous association with Prince of Songkla University?

--

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