**Formal Visit Request**

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**Preferred date & time of visit:**

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**Duration of visit (hours):**

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| --- |
|  |

**Requestor (Leader of delegation):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Prof./Dr./Mr./Ms.)** | **First Name** | **Last Name** | **Position** |
|  |  |  |  |
| **Organization** |  |
| **Email** |  |
| **Website** |  |
| **Other Information** |  |

**Person responsible for arranging visit:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Prof./Dr./Mr./Ms.)** | **First Name** | **Last Name** | **Position** |
|  |  |  |  |
| **Email** |  |
| **Other Information** |  |

**Brief background of your organization:**

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|  |

**Person(s) you want to meet:**

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**Purpose of visit:**

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| --- |
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**Topic(s) of discussion:**

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|  |

**Number of delegates:**

|  |
| --- |
|  |

**Names of delegates:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Prof./Dr./Mr./Ms.)** | **First Name** | **Last Name** | **Position** |
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\*If there will be more than ten delegates, please send a separate list to dhkdn14@skku.edu.