**Kaohsiung Medical University**

 **International Official Visit Request Form**

***Thank you for your interest in visiting Kaohsiung Medical University. KMU Office of Global Affairs is responsible for coordinating international official visits. If you wish to schedule a visit to KMU, please kindly complete the form below, and provide details as required at least 6 weeks before the requested date of visit. The information will help us to assess your request and if approved, it will help us plan and arrange your visit. Any confirmation and arrangement will be made via contact person listed in this form. Thank you very much for your great cooperation.***

**A. ORGANIZATION DETAILS**

**Please provide full details of the visiting organization.**

|  |  |
| --- | --- |
| **Submission Date** |  |
| **Organization Name** |  |
| **Country** |  |
| **Website** |  |
| **Contact Person** |  |
| **Email** |  |
| **Position** |  |

**B. VISIT DETAILS**

**Please propose the date and time of your visit.**

|  |  |
| --- | --- |
| **Proposed Arrive Time** |  (dd-mm-yyyy) (Hour-minutes) |
| **Proposed Leave Time** |  (dd-mm-yyyy) (Hour-minutes) |

**Visit Objectives and Areas of Interest for Discussion**

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| --- |
| **Objectives:**□Faculty Exchange□Student Exchange □Research Collaboration |
| **Student Exchange at:**□Undergraduate Level □Master Degree's Level □Ph.D. Level |
| **College** **that you would like to exchange or collaborate with**□College of Medicine □College of Dental Medicine □College of Pharmacy □College of Nursing □College of Health Sciences □College of Life Science □College of Humanities and Social Science |
| **Other Areas/Units of Interest (Please specify):** |
| **1.** |
| **2.** |

**Have you contacted other KMU representative(s) regarding to this visit? If so, please specify all contacts and departments/units.**

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| --- |
|  **Unit’s Name:**  |
|  **Representative’s Information:****1.****2.** |

**C. DELEGATION DETAILS**

**Delegation Leader** –Please provide details of the delegation leader of the visit.

|  |  |
| --- | --- |
| **Title** |  |
| **First Name** |  | **Last Name** |  |
| **Position** |  | **Unit/Department** |  |
| **Email** |  |

**Delegation Members** –Please provide details of delegation members. (Attach name list if more than 5 visitors.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Name** | **Position** | **Unit/Department** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

**\*Has your institution or any of the current delegation members ever visited Kaohsiung Medical University? □ Yes □ No**

**\*Do any of the delegation members have special dietary or other requirements?**

**□Yes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□No.**

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**Supplementary Information Checklist:**

To complete your request please ensure the following are attached upon submission:

[ ]  Biography information on the Delegation Leader or significant delegation members

[ ]  Background information on your Institution/Organization and/or other relevant information

**Please be noted:**

Please wait for our confirmation email before making an arrangement for travelling to KMU.

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| --- |
| **Please email the completed form and supplementary information as an attachment to** **ibsjoy@kmu.edu.tw** |