

**Visitor Request Form**

Please complete this form at least two weeks prior to the date of your proposed visit and e-mail it back to international@tsu.ac.th. Your request will be attended upon receipt of this completed form.

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| --- |
| **Information of Visitor(s)** |
| Institution/Organization/University |  |
| Website |  |
| Primary contact person for visiting party |  |
| Email of primary contact |  |
| Telephone or mobile of primary contact |  |
| Proposed or dates and time for your visit (Please provide at least two options): |  |

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| **Overview of Institution/Organization/University** |
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| **Objectives of the Visit** |
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| **Department/Faculty/Person(s) would you like to meet**  |
|  |
| **Specific areas/ Topics of interest for discussion** |
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| **Have you or members of your delegation had by any previous association with Thaksin University? If so, please provide detail.** |
|  |

**Head of the Delegation/ Visiting Group: (Please send a CV of delegation head)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** | **First name** | **Last Name** | **Position** | **Email Address** | **Contact No** |
|  |  |  |  |  |  |

**Contact Person at Thaksin University, (If any)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** | **First name** | **Last Name** | **Position** | **Email Address** | **Contact No** |
|  |  |  |  |  |  |

**List of Delegates /Visitors:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** | **First name** | **Last Name** | **Position** | **Email Address** |
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Thank you for completing the Visitor Request Form

Kindly email it back to international@tsu.ac.th