**Formal Visit Request Form**

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**Preferred date & time of visit:**

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|  |

**Expected 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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| --- |
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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) to discuss:**

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|  |

**Number of delegates:**

|  |
| --- |
|  |

**Names of delegates:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Prof./Dr./Mr./Ms.)** | **First Name** | **Last Name** | **Position** |
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✿Please contact to Ms. Jenny Choi ([global@skku.edu](mailto:global@skku.edu)) if you have any questions or requests.