Please complete this form at least two (2) weeks prior to the date of your proposed visit.

Please submit completed form to: international.aff@pnu.ac.th

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| **Date of Proposed Visit**  | : |  |
| **Time of Proposed Visit**  | : |  |

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| **1: DEATAILS OF PERSON MAKING REQUEST** |
| **Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Year founded** |  |
| **Website** |  |
| **Email** |  |
| **Telephone** |  |
| **2: OVERVIEW OF THE INSTITUTION / ORANISATION** |
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| **3. STUDENT AND STAFF STATISTICS** |
| **No. of Academic Staff:** | **Professors:**  |  |
| **Associate Professors:**  |  |
| **Assistant Professor:** |  |
| **Lecturers:** |  |
| **Others:**  |  |
| **No. of Professional / Administrative Staff:** |  |
| **No. of Students:**  | **Local** | **International** |
| **Undergraduate:** |  |  |
| **Postgraduate** | **Master’s:** |  |  |
| **Ph.D.:** |  |  |

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| **4: CONTACT DETAILS OF INTERNATIONAL OFFICE** |
| **Contact Details of International Relations Office:** | **Head of Office:** |  |
| **Address:** |  |
| **Phone no.:** |  | **Fax no.:** |  |
| **E-mail:** |  |
| **No. of Campuses & Location(s):** |  |  |

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| **5: PERSON(s)/FACULTIES/DEAPRTMENTS WOULD YOU LIKE TO MEET:** |
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| **6: SPECIFIC AREAS/TOPICS OF INTERESTS FOR DISCUSSION:** |
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| **7. PROPOSED COLLABORATION WITH PNU (if any)** |
| **Title / Theme** | **Details** |
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| **8: DO YOU HAVE ANY PREVIOUSE ASSOCIATION WITH PRINCESS OF NARADHIWAS UNIVERSITY?** |
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| **9: CONTACT PERSON AT PRINCESS OF NARRADHIWAS UNIVERSITY, if any:** |
| **Name**  | **Position** | **Email** | **Contact No** |
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| **10: LEADER OF DELEGATION:** |
| **Name**  | **Position** | **Email** | **Contact No** |
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| **11: LIST OF DELEGATES:** |
| **No.** | **Name** | **Position** | **Department / Faculty** | **Email** |
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*\*Please use attachment if necessary*

Thank you for completing the Visitor Request Form.

Kindly email: international.aff@pnu.ac.th, if you need any assistance.