

**Visit Request Form**

**IMPORTANT to note:**

1. All sections **must** be completed in full.
2. The completed form should be submitted to humas.aaiibs@gmail.com at least **14 days** priorto the date of your proposed visit.
3. Requests submitted by **agents (including travel agents)** will not be accepted.
4. Student groups/institutions seeking a visit or campus tour are requested to:
5. Contact the **International Affairs & Public Relation Centre** at humas.aaiibs@gmail.com / Tel: +62 882-2138-7186 (*applicable to requests from schools, international & local universities, foundations, and any organizations*)
6. Contact the **Enrollment Centre** at enrollment.aaiibs@gmail.com / Tel: +62 811-1355-011 (*applicable to enrollment & admissions matters*)
7. If you have any questions, please contact at elareive85@gmail.com

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**Date of Proposed Visit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)**

**Time of Proposed Visit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (a.m./p.m.)**

**Person Making the Visit Request:**

| **Title (Prof./Dr./Mr./Ms.)** | **First Name** | **Last Name** |
| --- | --- | --- |
|  |  |  |
| **Position** |  |
| **Organisation** |  |
| **Organisation’s Website** |  |
| **Email** |  |
| **Contact information** | **Tel:**  | **Mobile:**  | **Fax:**  |

**Overview of the Institution / Organisation:**

(Background, strengths, centres of excellence (if any), etc.)

|  |
| --- |

**Objectives of the Visit:**

| * Information of Al Azhar IIBS
* Student / Staff Exchange
* Admission / Academic Matters
 | * Research
* Academic Promotions
* Collaboration
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| --- | --- |
| * Other (Please specify):

|  |
| --- |

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**Topics of Interest for Discussion:**

(Please specify clearly to enable us to ensure that relevant offices are represented at the meeting)

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**Do you have any previous association with the Al Azhar International Islamic Boarding School?**

(If yes, please specify)

|  |
| --- |

**Person(s) You Would Like To Meet:**

| **Name** | **Designation** |
| --- | --- |
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|  |  |
|  |  |

**Total number of delegates:**

**Leader of Delegation / Visiting Group:**

(Kindly provide CV or biography)

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

**Information of Delegates / Visitors:**

(Kindly include all members of delegation to facilitate seating arrangements)

| **Title (Prof./Dr./Mr./Ms.)** | **First Name** | **Last Name** | **Position** |
| --- | --- | --- | --- |
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**The delegation’s contact person whilst:**

| **Name** | **Designation** | **Mobile Number** |
| --- | --- | --- |
|  |  |  |

**For your delegation to receive maximum benefit from their visit, they should either have a working knowledge of English or be accompanied by an interpreter. Al Azhar International Islamic Boarding School is not able to provide interpretation services.**

| **Name of Interpreter**  |  |
| --- | --- |

**Thank you for completing the Visit Request Form.**

**Should you have any queries, please send us an e-mail at** humas.aaiibs@gmail.com