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| Request for Visit to UNIKAL |
| Proposed Date of Visit:*(NB: Our working days are Mondays to Friday excluding public holidays)* |  |
| Proposed Time of Visit:*(NB: Our working hours are 8.00am to 12.00am and 1.00pm to 03.30pm)* |  |
| Name of Head of Delegation: |  |
| Number in Delegation: |  |
| List of Delegates:*(Please include full names and positions/designations)* |  |
| Objective of Visit: |  |
| Please tick the faculties or research institutes or support centers you would like to visit (if any):  | **Faculties** |
|  | Faculty of Economics |
|  | Faculty of Law |
|  | Faculty of Fisheries |
|  | Faculty of Agriculture |
|  | Faculty of Health Sciences |
|  | Faculty of Teachers’ Training and Education |
|  | Faculty of Engineering |
|  | Faculty of Pharmacy |
| **Research Institutes** |
|  | Institute of Research and Community Services (LPPM) |
| **Support Centers** |
|  | International Office (IO) |
|  | Counseling and Career Unit (UBKK) |
|  | Language Centre |
|  | Information Communication Technology Centre (PUSKOM) |
| Would you like a Campus Tour? |  | Yes |
|  | No |
| Name of Focal Point for Your Visit: |  |
| Contact Number of Focal Point for Your Visit: |  |
| Email Address of Focal Point for Your Visit: |  |
| Please Attach the CV of Head of Delegation to this Form. |

*Please return this form* ***at least two weeks prior to your proposed date of visit*** *to* [*io@unikal.ac.id*](io%40unikal.ac.id) *and* ***Cc*** *to* [*tina50@yahoo.co.id*](file:///E%3A%5Ctina50%40yahoo.co.id)