



UMY
Universitas
Muhammadiyah
Yogyakarta

VISITOR REQUEST FORM

Please complete this form **at least one month prior** to the date of your proposed visit.

Please submit completed form to bkln@umy.ac.id or Fax: +62 274 387646

Your request will be considered upon receipt of these details.

Date and Time of Proposed Visit: _____

Duration of visit: _____

Person Making the Visit Request:

Title	First Name	Last Name	
Position			
Organization/ Institution			
Organization/ Institution Address	City	State/Province	
	Country	Postal Code	
Website			
Email			
Telephone/Mobile Number			
Fax			

Name of the Delegation / Visiting Group:

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Overview of the Organization/Institution:

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Purpose of the Visit:

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Person(s) / Faculties / Departments You Would Like To Meet:

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Specific Areas / Topics of Interest for Discussion:

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Do you have any previous association with Universitas Muhammadiyah Yogyakarta?

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Leader of Delegation / Visiting Group:

Title	First Name	Last Name	Position	Email Address

Contact person at Universitas Muhammadiyah Yogyakarta, if any:

Title	First Name	Last Name	Position	Email Address

List of Delegates / Visitors:

Title	First Name	Last Name	Position	Email Address

Other Notes

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Thank you for completing the Visitor Request Form.
Any questions, please email bkln@umy.ac.id