Academic / Corporate / Government



**International Delegation & Visitor Request Form**

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| **Delegation & Visitor Information** | | | | | | |
| **Name of Institution/Organisation**: | | | |  | | |
| **Head of Delegation (Name/Appointment):** | | | |  | | |
| **Delegation List** (Please attach short CVs or biographies, where available) | | | | | | |
| S/N | Name (Family Name in CAPS) | | | Appointment | | |
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| Visit Information | | | | | | |
| **Proposed Date of Visit**  (Please list up to 3 options, in order of preference) | | | **Start Time** | | | **End Time** |
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| **Purpose of Visit:** | | | | | | |
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| **Areas of Interest for Discussion:** | | | | | | |
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| **Key Members of NTU that you would like to meet with:** | | | | | | |
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| **Background of your Organization**  (Please attach a short write-up) | | | | | | |
| **Profile:** | | **Academic/Government/Corporate (Please choose one)** | | | **Website:** | |
| **Brief Summary:** | | | | | | |
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| **Previous Associations with NTU** | | | | | | |
| * Faculty Staff Exchanges | | | | | | |
| * Research Collaboration | | | | | | |
| * Student Exchange Partnership □ Uni-wide □ College/School Specific | | | | | | |
| * Existing Agreement / MOU | | | | | | |
| * Graduate or Undergraduate programs | | | | | | |
| * Partnership in organization / joint event | | | | | | |
| * Others, please specify: | | | | | | |

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| **Other Information** | |
| **Background of Visit to Singapore** | |
| Dates of Visit to Singapore: |  |
| Purpose of Visit to Singapore: |  |
| Contact Details in Singapore | |
| Delegation Contact (Name/Appointment): |  |
| Telephone No.: |  |
| Email: |  |
| Hotel Name & Address: |  |
| Campus Tour | |
| Would you require a campus tour as part of your visit?  Yes /  No | |
| Other Comments: | |
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