**VISITOR REQUEST FORM**

Please completethis Form ***at least 15 days prior*** to the date of your proposed visit.

**Please submit completed form to** intoffice@yildiz.edu.tr

[**Tel:** +90 212](Tel:+90212) 383 3205

**Fax:** + 90 212 383 32 09 (Please let us know in advance if you send this by fax)

**Your request will be attended to upon receipt of this completed form.**

**Desired date and time to visit Yıldız Technical University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Point of Contact : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Requesting Embassy, Institution or Organisation:** |  |
| **Name of the contact person/leader:** |  |
| **Position (including title):** |  |
| **Telephone / Mobile / Fax (if any):** |  |
| **E-mail Address:** |  |

**Group Details:**

|  |  |
| --- | --- |
| **Name of Delegation / Visiting Group:** |  |
| **Number of Participants:** |  |
| **Purpose of Visit:** |  |
| **Person**(s) **you would like to meet** (if any)**:** |  |
| **Leader of Delegation / Visiting Group**  (including title, position, gender)**:** |  |
| **Names of Delegation / Visitors (including title, position, gender):** | |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |
| **5.** | |
| **6.** | |
| **7.** | |
| **8.** | |
| **9.** | |
| **10.** | |

**Do you have any previous association with Yıldız Technical University?**

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**Topics of Interest for Discussion (please add if there are particular areas of interest for your group and add any additional comments you may have):**

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