

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** prior to 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 humas.aaiibs@gmail.com

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:

- | | |
|---|--|
| <input type="checkbox"/> Information of Al Azhar IIBS | <input type="checkbox"/> Research |
| <input type="checkbox"/> Student / Staff Exchange | <input type="checkbox"/> Academic Promotions |
| <input type="checkbox"/> Admission / Academic Matters | <input type="checkbox"/> Collaboration |

☐ Other (Please specify):

--

Topics of Interest for Discussion:

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

--

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

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

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