



External Relations and Internationalization Office

VISITORS INFORMATION FORM

Please submit completed form to erio@dlsu.edu.ph / Fax: +632- 523 3911

Date of Proposed Visit:

Start and End Time of Proposed Visit:

Person Making the Request:

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Others: __		
<i>Surname</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Position and Institution</i>		
<i>Email Address</i>		<i>Contact</i>

Objectives of the Visit:

Mark all that apply:

- Benchmarking
- Cultural Visit
- Academic and Cultural Visit
- Meeting
- Others: Please Specify: _____

Department/s You Would Like To Meet:

Choose all that apply:

- A. College of Law
- B. RVR- College of Business
- C. Gokongwei College of Engineering
- D. College of Science
- E. Br. Andrew Gonzales College of Education
- F. School of Economics
- G. College of Computer Studies
- H. College of Liberal Arts
- I. Administration
- J. Other: Please specify _____

Do you have any existing agreement with De La Salle University?

- No
- Yes



External Relations and Internationalization Office

Head of Delegation:

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Others: __			
<i>Surname</i>	<i>First Name</i>	<i>Middle Name</i>	
<i>Position and Institution</i>			
<i>Email Address</i>		<i>Contact</i>	

Members of Delegation: