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| **Official Visit Application Form**  **Moscow Polytechnic University**  **Office of the International Integration Directorate** | | | | | | | | |
| **To enable Moscow Poly to assess if we are able to accommodate your request, please complete**  **ALL SECTIONS of this form at least 20 business days (4 weeks) prior to proposed visit date.** | | | | | | | | |
| **Date of request** | | |  | | | | | |
| **Person making visit request** | | |  | | | | | |
| *Title:* | *First Name:* | | | *Last Name:* | |
| *email:* | | | *Tel:* | | |
|  | | | | | |
| **Proposed date of visit** | | |  | | | | | |
| **Proposed start time** | | |  | | | | | |
| **Proposed end time** | | |  | | | | | |
| **Name of delegation or visiting group** | | |  | | | | | |
| **Number of visitors** | | |  | | | | | |
| **Leader of delegation / visiting group** | | |  | | | | | |
| *Organisation:* | | | | | |
| *Title:* | *First Name:* | | | *Last Name:* | |
| *Tel:* | | | *Fax:* | | |
| *email:* | | | | | |
| **Names of delegates / visitors**  *(Attach extra names on separate page if necessary)*  **Please Note:** We require a **complete** list of delegates for assessment. Should the delegates list change after acceptance of a visit, we reserve the right to cancel the scheduled visit. | | | | | | | | |
| **Title**  (Mr, Ms, Dr, Prof) | **First Name** | **Last Name** | | | **Position**  **Institution** (if different from above) | | | **CV / Bio attached? (Yes/No)**  (for Academic Delegates) |
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| **Specific members of Moscow Poly staff whom the delegation would like to meet**  (if known) | |  | | | | | | |
| **Purpose of visit**  (please provide specific details) | |  | | | | | | |
| **Areas/topics/research themes for discussion**  **(Specific areas of interest)** | |  | | | | | | |
| **Background of your institution / organisation** | |  | | | | | | |
| **Website address of your institution / organisation** | |  | | | | | | |
| **Does either your organisation or delegates have any previous association with Moscow Poly?**  **If so, please tick as appropriate** | | ☐Faculty staff exchanges  ☐Research collaboration (specify area)  ☐Student exchange partnership (provide details)  ☐Existing agreement/MOU  ☐Graduate and/or undergraduate programs (please specify)  ☐Partnership in organization and/or joint event  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **List any previous visits to Moscow Poly. Please include the name(s) and position(s) of the visitor(s) and the date(s) and outcome(s) of the visit** | | None | | | | | | |
| **Contact details in Moscow** | | Mobile/cell phone no:  Hotel name and address: | | | | | | |
| **Special needs e.g. provision for walking difficulties, dietary requirements (if required)** | | | | | | | | |
| **Other notes**  **(Attach extra pages if necessary)** | | |  | | | | | |

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**Thank you for completing this form.**

Please email this form to: international@mospolytech.ru

The Protocol Officer will contact you by email to confirm if we are able to accommodate your visit request.