**KCUA Campus Visit Request Form**

Date: / /

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| Date and time  of visit | 1st choice (yy/mm/dd)  /　 /　　　　 　[ ： ~ ： ] | |
| 2nd choice (yy/mm/dd)  /　 /　　　　 　[ ： ~ ： ] | |
| An Individual Applicant／  The Representative of a group | Name： | |
| Name of group／title： | |
| Address： | |
| TEL： | |
| E-mail： | |
| Contact person | Name： | |
| TEL： | |
| E-mail： | |
| Will you bring an interpreter with you ?（　Yes　・　No　）  If not which language do you speak ? （　JP　・　EN　） | |
| Number of attendees\* |  | \*Please attach a list of attendees (their names and titles) to this form at present. |
| Your purpose of visit and other requests |  | |