**KCUA Campus Visit Request Form**

Date: / /

|  |  |
| --- | --- |
| Date and timeof 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 |  |