

UNIVERSITY OF COPENHAGEN



UNIVERSITY OF COPENHAGEN VISIT REQUEST FORM

Please email the completed form to inter@adm.ku.dk

TIME / DATE OF PROPOSED VISIT:

DURATION (HOURS / FULL DAY / HALF DAY)

MAKING THE REQUEST:

Title (Prof./DR./Mr./Ms.)	First name	Family name	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution	<input type="text"/>		
Website	<input type="text"/>		
Email	<input type="text"/>		
Other information	<input type="text"/>		

SHORT INTRODUCTION TO YOUR INSTITUTION:

OVERALL PURPOSE FOR VISIT AND TOPICS OF INTEREST:

UCPH STAFF / UNITS YOU WOULD LIKE TO MEET:

--

NUMBER OF DELEGATES:

--

HEAD OF DELEGATION:

Title (Prof./DR./Mr./Ms.)	First name	Family name	Position

NAMES OF DELEGATES:*

Title (Prof./DR./Mr./Ms.)	First name	Family name	Position

*Please attach a separate list, if your delegation holds more than 7 members