



APPLICATION FORM FOR VISITATION PROGRAMME IN GENIUS KURNIA CENTRE

APPLICANT INFORMATION		
Visitor's Name/Group Leader's Name:		
Organization's Name:	Address of the Organization/Visitor:	
Email:	Contact Number:	
Propose of the Visit:		
Name and Address of Supervisor/Lecturer (only for student)	Email/Contact Number:	Signature:



VISITATION INFORMATION		
Visitation Date:		Number of the Participants:
Date 1:		
Date 2:		
Date 3:		
Objectives of the Visit:		
1.		
2.		
3.		
4.		
Declaration: I promise that I will abide to all the rules established by GENIUS Kurnia Centre during the visit.	Signature:	Date:

For Administrator Use:	Signature:
Approved/Not Approved: Reason:	

****PLEASE SUBMIT THIS APPLICATION FORM VIA EMAIL AT LEAST 3 MONTHS PRIOR TO THE DATE OF VISIT TO suriani.khalif@moe.gov.my or fax to 03-4026 8281 (For Attn: Pn. Suriani Binti Abdul Khalif).**