



Division of International Programs  
Office of the Vice Provost  
University Plaza, Suite 130, 1600 SW Western Blvd., Oregon 97333  
T 541-737-6310 | F 541-737-6482 | <http://international.oregonstate.edu/>

As part of its commitment to outreach and engagement, Oregon State University and International Programs hosts a large number of visits by international guests and delegations each year. The Delegation Visit Request Form is used to collect information about the visiting group, and identify the purpose and expected outcomes of the visit. **To ensure that we are able to meet your needs, we ask that you complete this form at least 4 weeks before the expected date of the visit.**

**Please Note: we will do our best to accommodate your request, but know that the final schedule will be subject to availability of university officials and lead time.**

For any questions contact:

- Debbie Parkins ([deborah.parkins@oregonstate.edu](mailto:deborah.parkins@oregonstate.edu)) 541-737-1503
- Katherine Morris ([katherine.morris@oregonstate.edu](mailto:katherine.morris@oregonstate.edu))

### Delegation/Visit Request Form

<b>Today's date:</b>
<b>Date(s) of Campus Visit</b> <i>(indicate if multiple days are requested)</i>
<b>Time(s) of Visit</b>
<b>Name of your institution(s)/organization(s)</b>
<b>Organization address and website</b> <i>(English site if available)</i>

**Organizer (contact) name, title, email, phone**

**For each delegation member, provide the following on a separate sheet:**

- **Name and salutation (Dr., Mr., Ms., Mrs., etc...)**
- **Position/title**
- **Institution/organization**
- **English proficiency of the member**
- **Bio (Please Attach)**

**Will any other individuals be joining your group?** If so, please specify (*. e.g. spouses, coordinators, photographers, translators, etc.*)

**Have you visited OSU before?** If yes, please describe who you visited, when you visited and any relevant outcomes.

**Do you have any existing collaborations or partnerships with OSU?** If yes, please describe and include name of college, faculty or staff member(s) with whom you are collaborating.

**What is the purpose, goals, and specific areas of collaboration for this visit?**

**Additional Comments or Special Requests**

OSU is a campus that requires some walking, please wear comfortable walking shoes for your visit.

*(please include any dietary restrictions or disabilities that will need accommodations)*

Please scan, and email this form and any additional attachments to Debbie Parkins  
[Deborah.Parkins@oregonstate.edu](mailto:Deborah.Parkins@oregonstate.edu)