**REQUEST FOR VISIT TO**

**TEMERTY FACULTY OF MEDICINE**

**DECANAL LEVEL VISIT**

If your institution is interested in visiting the Temerty Faculty of Medicine, University of Toronto at the **decanal level**, please complete the form below and submit it to the contact at the end of the form.[[1]](#endnote-1)

Forms must be submitted a minimum of 8 weeks prior to the proposed date for the arrival of the planned delegation.

Upon receiving your submission, your request will be reviewed, and you will be informed once a decision has been made regarding your proposed visit.

**PLEASE NOTE:** Temerty Faculty of Medicine does not accept delegation requests from third-party organizations.

**UNIVERSITY LEVEL VISIT**

Please specify if there are other areas of the University that your group is interested in visiting.

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| **Expected Arrival Date:**(YYYY-MM-DD) | Click or tap to enter a date. |
| **Expected Departure Date:**(YYYY-MM-DD) | Click or tap to enter a date. |
| **Country of Origin:** |  |
| **Visiting Institution:** |  |
| **Short Background on Your Institution:** |  |
| **Institution URL:** |  |
| **Purpose of Visit:** (e.g., explore exchange opportunities, meet with faculty, etc.)  |  |
| **Main Interest:** | [ ]  Undergraduate Medical Education, MD Training (including Medical Student Elective Opportunities)[ ]  Postgraduate Medical Education (resident training, fellow training, program development, curriculum review)[ ]  Graduate Programs (graduate education, graduate admissions)[ ]  Research and International Relations[ ]  Continuing Education and Professional Development (Faculty development, teacher training, educator development)[ ]  Other (please attach a proposal) |
| **Specific Items for Discussion:** |  |
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| **Previous Relations/Past Experiences with U of T:**(e.g., alumni relations, professors, or administrators with earned or honorary U of T degrees, joint research projects, previous or ongoing student recruitment and exchange initiatives, specific scholarships, etc.) |  |

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| **Main Contact Person for Visiting Institution:** |
| **Name:** |  |
| **Phone:** |  |
| **E-mail:** |  |

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| **Name of the Person Heading the International Visit:** |
| **Name:** |  |
| **Position/Title:** |  |
| **Short Biography:** |  |

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| **Other Visitors (If Applicable):** |
| **Name #1:** |  |
| **Position/Title:** |  |
| **Short Biography:** |  |

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| **Name #2:** |  |
| **Position/Title:** |  |
| **Short Biography:** |  |

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| **Name #3:** |  |
| **Position/Title:** |  |
| **Short Biography:** |  |

1. |  |
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| **CONTACT US:** |
| If you have any questions or would like to follow up on your request, please do not hesitate to contact us at the following:E-mail: **meera.rai@utoronto.ca**Phone: 416-946-7060Address:Temerty Faculty of Medicine, University of TorontoMedical Sciences Building1 King’s College Circle, Room 2113 Toronto, ON M5S 1A8Canada |

 [↑](#endnote-ref-1)