

**FOUNDATION UNIVERSITY**  
**School of Science and Technology**

**Industry/Organization Visit Request Form**

Group Member Name and Registration Number:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Subject: \_\_\_\_\_

Department: \_\_\_\_\_

Semester: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Proposed: \_\_\_\_\_

Organization Contact: \_\_\_\_\_ Contact Person \_\_\_\_\_

Day and Date of Visit: \_\_\_\_\_

Date: \_\_\_\_\_ Student Signature \_\_\_\_\_

\_\_\_\_\_ **Office Use Only** \_\_\_\_\_

**Recommended/Not Recommended**

Instructor Name and Designation: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_