**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**](mailto:meera.rai@utoronto.ca)Phone: 416-946-7060  Address:  Temerty Faculty of Medicine, University of Toronto  Medical Sciences Building  1 King’s College Circle, Room 2113  Toronto, ON M5S 1A8  Canada |

   [↑](#endnote-ref-1)