



Ref. No.: REQ-IN/ /VISITASST/ /20

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

Date to Finish: \_\_\_\_\_

# Visitors Assistance Request

## TERMS & CONDITION IN REQUEST SUBMISSION:

- Visitor Assistance Request Form needs a minimum of **Seven (7)** working days in order for UR&MA to arrange the necessary request.
- Kindly fill-out the information in **ENGLISH (NO ARABIC REQUEST will be processed)**
- Requesting Department's **REFERENCE NUMBER** is a must.
- Request Form Submission is thru **E-mail ONLY** at ([request-urm@ksau-hs.edu.sa](mailto:request-urm@ksau-hs.edu.sa))
- Only **National/Historical Places** are allowed for social tour. Places other than the listed locations will be subject for approval.
- Expenses for Fine Dining & Restaurants should be processed by the requesting department.

Requesting Dept. Reference #: _____		Date Prepared: _____	
Requestor Name: _____	Position: _____	Badge: _____	
Department: _____	Extension: _____	Mail Code: _____	
Department E-Mail: _____		Date Required: _____	
<b>DEPARTMENT HEAD APPROVAL</b>			
Name: _____		Signature: _____	
Position: _____		Date Signed: _____	

### SOCIAL TOUR LOCATION

RIYADH ONLY	<input type="checkbox"/> Al Masmac Palace	<input type="checkbox"/> Riyadh National Museum	<input type="checkbox"/> King Abdulaziz Historical Center
	<input type="checkbox"/> Others (Specify & Subject for approval) _____		
JEDDAH ONLY	<input type="checkbox"/> Jeddah Historical City	<input type="checkbox"/> Naseef House Museum	<input type="checkbox"/> King Abdullah City
	<input type="checkbox"/> Others (Specify & Subject for approval) _____		
AL AHSA ONLY	<input type="checkbox"/> Al Masmac Palace	<input type="checkbox"/> Riyadh National Museum	<input type="checkbox"/> King Abdulaziz Historical Center
	<input type="checkbox"/> Others (Specify & Subject for approval) _____		

### TRANSPORTATION ARRANGEMENTS

UR&MA to arrange for Transportation:	<input type="checkbox"/> Yes	Pick-Up Point: _____	Time: _____
	<input type="checkbox"/> No	Drop-Off Point: _____	Time: _____

### VISITORS INFORMATION

Please attach a Visitor's List with the following details: Position/Title; College or Institution; and Gender

**JUSTIFICATION:** (BRIEF DESCRIPTION OF THE EVENTS, DATE, TIME, PLACE THAT VISITORS ATTENDED DURING THE VISIT IF THERE'S ANY)

### UNIVERSITY RELATIONS & MEDIA AFFAIRS USE ONLY:

Approved       Disapproved:

PR Supervisor Name & Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Assigned to:**

PR Specialist Name & Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Other Comments:

### DEPARMENT HEAD APPROVAL:

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

Copy of Confirmation Sent by E-Mail      Date Sent: \_\_\_\_\_       E-Mail Confirmation Copy Attached