



University of the West Indies
Discovery Bay Marine Laboratory

Centre for Marine Sciences

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OVERSEAS VISITOR APPLICATION FORM v1.0

NAME: _____ TITLE: _____

INSTITUTIONAL ADDRESS: _____

POSITION: _____ SUPERVISOR'S SIGNATURE (if student): _____

If you are a student proposing to do research at the Lab, please attach a photocopy of your student card.

TELEPHONE (Work): _____ FAX#: _____ EMAIL: _____

PURPOSE OF VISIT, with brief description of activities:

INTENDED DATE & TIME OF ARRIVAL: _____ DEPARTURE: _____

FLIGHT NUMBER: _____ TIME OF ARRIVAL IN MOBAY: _____

AIRPORT TRANSFER REQUEST:

TOUR BUS (SINGLE) ☐

CAR RENTAL ☐

BUS RENTAL ☐

ACCOMMODATION REQUIRED:

FLAT Single occupancy ☐

Double occupancy ☐

EXECUTIVE FLAT ☐

DORM ROOM ☐ # people _____ BEDSITTER ☐

CATERING SERVICE REQUIRED ☐ NONE ☐

LABORATORY FACILITIES REQUIRED: DRY LAB SPACE ☐ (Specify)

WET LAB TABLE ☐ INTERNET ACCESS Yes ☐ No ☐

Type _____

DIVING FACILITIES NEEDED: SCUBA ☐ SNORKELLING ☐ BOATS ☐

☐ Within the Bay, ☐ Outside D/Bay, Specify

HEALTH INFORMATION: Date of Last Medical: _____

Any condition that might affect your visit to DBML? _____
