OVERSEAS VISITOR APPLICATION FORM

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? _____________________________