



University of the West Indies
Discovery Bay Marine Laboratory
Centre for Marine Sciences

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U.W.I. VISITOR APPLICATION FORM (v1. 2012)

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION AND RETURN AS QUICKLY AS POSSIBLE

NAME: _____

TITLE: _____ DEPARTMENT _____

Position: _____

Telephone (Work): _____ Fax # _____

Email _____

Purpose of Visit:

INTENDED MOVEMENTS:

ARRIVAL DATE AND TIME _____

DEPARTURE DATE AND TIME _____

ACCOMMODATION REQUIRED:

FLAT Single occupancy FLAT double occupancy # people _____

EXECUTIVE FLAT # people _____

DORM ROOM # people _____ BEDSITTER # people _____

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

Signature: Date: