



The International Office

The University of the West Indies
St. Augustine, Trinidad
Tel: (868) 224-3707/8
Email: internationaloffice@sta.uwi.edu

The UWI DISCOVERS Series Application Form

Please complete the following application in BLOCK LETTERS. **Do not leave any blank spaces, kindly write "N/A" instead.** You can submit the completed application directly to the International Office or via email to afiya.francis@sta.uwi.edu. Please ensure that your application form is signed.

Study Tour: **THE UWI DISCOVERS SOUTH AFRICA**

Applicant Information

Full Name: _____
Surname *First Name* *Middle Initial*

Address: _____
Street Address *Apartment/Unit #*

City *Country*

Phone: _____ Email: _____

Date of Birth: _____

dd / mm / yyyy

Career

Institution/
Organization _____

Address: _____ Phone: _____

Job Title: _____

Why DISCOVER?

Please tell us why you would like to join this study tour, including how you hope the knowledge and experience gained will impact you, your education or your career.

How did you hear about The UWI DISCOVERS SOUTH AFRICA?

Have you ever visited the destination country before?

YES

NO

If yes, when? What was the purpose of your visit?

Travel and Immigration

Do you have a valid passport?¹

YES

NO

Do you have a US Visa?

All applicants are required to have a US Visa

YES

NO

Passport Number: _____

Are you a citizen of the Trinidad and Tobago?

YES

NO

If no, what is your citizenship? _____

Date of Issue: _____

Accommodation

Single Occupancy: \$7,500 USD

Double Occupancy: \$6,700 USD

Name of Person you'll be rooming with: _____

Health and Dietary Restrictions

The UWI's DISCOVER series may include long days, long walks, and tours through areas that may be dusty, very humid or chilly.

Please describe your health and dietary restrictions, even if they may not affect your participation in the tour.

Dietary preference:

VEGAN

VEGETARIAN

MEAT

¹ Your passport should be valid for at least six (6) months beyond the tour date.

Travel Insurance

As with any travel program, participants may encounter unexpected risks. These risks include but are not limited to sickness, exposure to disease, political upheaval, accidents, the forces of nature, travel dangers on the air or ground, and property loss and damage. All participants of The UWI DISCOVERS series will be required to procure the necessary travel insurance to cover these risks.

You may submit this application without travel insurance information but please note that **you must provide proof of travel insurance before you are allowed to participate in the study tour.**

Insurance Provider: _____

Insurance Agent: _____

Expiry Date: _____

dd / mm / yyyy

Emergency Contact Information

Full Name: _____

Relationship: _____ Phone: _____

Full Name: _____

Relationship: _____ Phone: _____

Disclaimer and Signature

Please read the following terms and conditions carefully.

- All answers are true and complete.
- If this application leads to selection, false or misleading information in the application may result in disqualification.
- The International Office will facilitate travel and immigration requirements as far as possible but the final responsibility for travel clearance lies on the participant.
- Personal travel insurance will be procured before departure. The Study Tour Coordinator will be informed of the relevant details of the insurance plan to be used in case of emergency.
- Additional and overweight luggage and all associated costs are the responsibility of the luggage owner.
- The final itinerary will be provided before departure and participants will be expected to adhere to the full schedule.
- Changes to the itinerary by participants are not permitted.
- Photographs taken by the Study Tour Coordinator from departure to return may be used for future reporting or marketing purposes.
- The study tour application fee of US\$100.00 is non-refundable and **must be paid by September 9th, 2017**.
The study tour application fee will reserve a space on the study tour but participation will not be guaranteed until full payment is made.

I, agree with the terms and conditions.

(printed name)

Signature: _____ Date: _____

For Official Use Only

Payment History	Amount Received	Date Received	Balance Due	Signature
Application fee:				
First Deposit:				
Final Deposit:				