

University at Albany
2011 Fulbright Gateway Orientation Program

Pre – Arrival Information Request

Please complete all 4 sections below and fax or email to Tracy Bohl at Fax: 518-591-8171, E-mail: tbohl@uamail.albany.edu

PLEASE PRINT

1. Participant Profile

Given Name: _____ Family (Last) Name: _____

Gender (M/F): _____ Date of Birth (Month/Day/Year): _____

E-Mail Address: _____

Home (City and Country): _____

Field of Study: _____ Have you previously traveled to the United? _____

US Campus/University/College you will attend after orientation: _____

2. Emergency Contact Information

Name: _____ Address: _____

Telephone Number: _____ E-mail Address: _____

3. Additional Participant Information

Please take into consideration the following, with regards to your participation in the Fulbright Gateway Orientation Program. (Please check and describe any you would like to acknowledge.)

____ Food/Dietary restrictions Please Describe: _____

***We have requested that all prepared meals be free of pork and/or pork by-products, gelatins, and alcoholic ingredients.*

____ Allergies Please Describe: _____

____ Medical conditions Please Describe: _____

____ Disabilities Please Describe: _____

____ Religious affiliation/practices Please Describe: _____

***Ramadan is expected to begin on or around August 1, 2011 and will finish on or around August 29, 2011.*

____ Other Please Describe: _____

4. Travel Information

Via fax or e-mail, please provide complete arrival and departure information upon confirming your travel plans, including airline, flight numbers, arrival and departure times. (Fax 518-591-8171, e-mail tbohl@uamail.albany.edu)

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