

GAMBIA VISA FORM

(Return with your passport and two VISA-size photograph to Bill Roberts, Program Director)

Embassy of The Gambia
Consular Section
Washington D.C. 20005

VISA APPLICATION FORM

1. Surname: _____
 2. Other Names: _____
 3. Place and Date of Birth: _____
 4. Nationality at Birth: _____
 5. Present nationality and how obtained (if different from #4 above)

 6. Names and Nationalities of
 - (a) Father: _____
 - (b) Mother: _____
 7. Profession / Occupation: _____
 8. Present Address: _____

 9. Marital Status (Married, Single, Divorced): _____
 10. Purpose of proposed visit to The Gambia: St. Mary's College Field Study Program
 11. Approximate date of proposed entry: May 22, 2004
 12. Duration of proposed entry: 7 weeks
 13. Intended address in The Gambia Friendship Hotel, Independence Stadium 220 495830
 14. Financial means at applicant's disposal: _____
 15. Passport No. : _____
 16. Issued at: _____
 17. Date of issue: _____
 18. Details of any previous visits to The Gambia: _____
 19. References in The Gambia: Dr. Edris Makward, Vice-Chancellor, University of The Gambia, 397911
Ms. Yamai Secka-Jack, Associate Peace Corps Director, Peace Corps Office, 392466
 20. Contact Phone No: Friendship Hotel, Independence Stadium (220) 495830
- Signature: _____ Date: _____