CANDIDATE NAME – Campus Visit MONTH YEAR

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| **First Name:**  *(as appears on your ID or passport)* | Sasha | | **Middle Name:**  *(as appears on your ID*  *or passport)* |  | | **Family Name:**  *(as appears on your ID or passport)* | | Rubin |
| **Title:** | | Mr. | | | **University/Institutional Affiliation:** | | University of Naples "Federico II" | |
| **Email Address:** | | rubin@forsyte.at | | | **Mobile Number:** | | +39 371 327 3115 | |
| **Mailing Address:** | | Dipartimento di Ingegneria Elettrica e Tecnologie dell'Informazione Università degli Studi di Napoli "Federico II" Via Claudio, 21 80125 Napoli, ITALY. | | | **Gender:** | | M | |
| **Date of Birth:**  *(Month/Day/Year)* | | 16/02/76 | | | **City, State, and Country**  **of Birth:** | | Johannesburg, South Africa | |
| **Country of Residence:** | | Italy | | | **Country of Tax Residence:** | | Italy | |
| **Emergency Contact:**  *(optional)* | |  | | | **Emergency Contact Number:** *(optional)* | |  | |
| **Your passport must be valid for 6 months following your date of departure to Singapore. Please notify** DIVISIONAL EMAIL ADDRESS **if your passport will expire during this time period.** | | | | | | | | |
| **Citizenship:** | | New Zealand | | | **Passport Number:** | | LK571974 | |
| **Passport Issuing Country:** | | DIA LON | | | **Passport Expiration Date:** | | 06 JAN 2027 | |
| **Please fill up attached form for filing withholding tax with Inland Revenue Authority of Singapore. There is no tax directly payable by you.**  **Notes to the filling up the form:**  **·         Your country of ordinary residence – this refers to the country of tax residence (i.e. where you pay tax)** | | | | | | | | |
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**AIRFARE (for participants not residing in the immediate area)**

The cost of a plane ticket to Singapore will be arranged and covered by Yale-NUS College. Based on your travel preferences, we will create an itinerary for you to approve, before finalizing the arrangement. Should your spouse or partner be accompanying you, kindly submit an additional form on their behalf.

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| Date of Departure to Singapore: | Sunday 18 February |
| Leaving from/Departure Airport: | Auckland, NZ |
| Date of Departure from Singapore: | Saturday 24 February |
| Returning To: | Naples, Italy |

**ACCOMMODATIONS**

We will arrange accommodations for you, and a spouse/partner if applicable, based upon your travel preferences and consistent with your campus visit dates at Yale-NUS College.

**DIETARY REQUIREMENTS**

Please let us know if you have any special requirements or allergies:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| None |  | Vegetarian |  | Others: |  |

**To ensure that logistic arrangements can be processed early, please email this completed form as soon as possible to**

DIVISIONAL EMAIL ADDRESS

**QUESTIONS OR CONCERNS:**

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| --- |
| Flight Seat Preference: Window or Aisle?  Frequent Flier #’s:  Global Entry/Known Travel # (if applicable): |