

**JOHNSON & WALES UNIVERSITY**  
**International Student Travel Form**  
**Graduate Admissions**

8 Abbott Park Place, Providence, RI 02903 USA  
Telephone: (401) 598-1015 • Fax (401) 598-1286  
E-mail: [admissions.grad@jwu.edu](mailto:admissions.grad@jwu.edu)

**Form**  
**4**

**Please fill out entire form.**

**PERSONAL INFORMATION**

Last Name	First Name
Student ID Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Confirmation Mailing Address	Arrival Date to Providence / /
	month day year
	Phone ( ) ( )
	country code city number
E-mail	Fax ( ) ( )
	country code city number

**TRANSPORTATION REQUEST (Pick up from Providence only)**

Will you require transportation upon arrival in Providence? ☐ Yes ☐ No

**Please check your arrival information:**

ARRIVAL TIME

<input type="checkbox"/> AIRPORT	T.F. Green Airport (Providence)	Airline Name	Flight #
<input type="checkbox"/> BUS	Providence Peter Pan Bonanza Bus Station		
<input type="checkbox"/> TRAIN	Providence Amtrak Train Station		

**Please send us a copy of your complete travel itinerary.**

Have you made arrangements with friends or relatives to meet you upon your arrival in Providence? ☐ Yes ☐ No

If YES, please list the name of the person and telephone number where you will be staying:

Name	Phone ( )
	area code number

**HOTEL ACCOMMODATIONS**

Will you be staying at a Johnson & Wales hotel facility? ☐ Yes ☐ No

If you are traveling with family and/or friends who need accommodations, please fill out the following:

Guest Names	Date of Arrival
	Date of Departure
Number of Rooms	

Will you be staying in your guest's room? ☐ Yes ☐ No (If you stay in your guest's room, you will be responsible for payment.)

**\* Family and friends are required to pay for their own hotel rooms. To guarantee guest reservations, the following is required:**

Credit Card Type: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Credit Card #	Expiration Date
Cardholder Name	Authorized Signature

**Fax or mail by required deadline date.**