

**Gallaudet University
Department of Interpretation
Center for the Advancement of Interpreting and Translation Research**

Visitor Information Form

Visitors need to complete the DOI Visitors Information Form and submit it to their Visitor Liaison at least two weeks prior to the planned visit.

Your Name _____

Permanent Street Address _____

City _____ **State** _____ **Country** _____

U.S. Street Address _____

City _____ **State** _____

Preferred Email Address _____

U.S. Phone Number _____

U.S. VideoPhone Number _____

Text Number _____

What is the best way to contact you? _____

Emergency Contact Information

Name _____

Relationship _____

Phone _____

Email _____

1. What are the arrival and departure dates for your visit?

Arrival date_____ Departure date_____

2. What activities do you wish to be involved in during your visit? (Check all that apply)

Observe skills courses.

BA level

MA level

Observe theory or foundational courses.

BA level

MA level

PhD level

Provide a lecture.

If yes, on what topic(s)?_____

Teach or co-teach a course.

Full semester? Yes No

Individual classes? Yes No

If yes, on what topics?_____

In what language?_____

Collaborate with faculty or students on research.

If yes, on what topics? _____

Provide training or workshop for the Department or the Gallaudet University Regional Interpreter Education Center (GURIEC)?

If yes, on what topics? _____

Oversee the work of a doctoral intern on a research project.

3. In what languages are you fluent?

4. Will you need ASL-English interpreters? Please describe below.

5. Where will you be staying during your visit to Gallaudet?

Dorm (Please add dorm name and room number)

Kellogg Conference Hotel

Other hotel (Please add name and address below)

With a friend (Please add name and address below)

Other location (Please describe below)

6. Do you have any special needs or request that we need to know about prior to your visit?

Please check the statements below. Sign and date the form and return it to your Visitor Liaison two weeks prior to your visit.

- I understand that I am a visitor to the Department of Interpretation and am responsible for following their departmental policies as well as policies established by Gallaudet University.
- I understand that I am to return this form to the Visitor Liaison a minimum of two weeks prior to my visit. I understand that I am responsible for any benefits that I am provided.
- If I am issued keys (or other supplies), I will return the keys to the DOI program specialist prior to my departure or I will be responsible for paying for the items.
- If I am issued a Gallaudet ID card, I will return the ID to the Gallaudet University Department of Public Safety upon my departure.
- I understand that I am responsible to pay for any unreturned materials that I have borrowed from Merrill Learning Center.
- I understand that American Sign Language is used throughout campus at meetings, classrooms, and other environments.
- I understand that the Department of Interpretation is unable to pay for interpreting services for visitors. If you wish to schedule interpreters, please view the Gallaudet Interpreting Services (GIS) website at www.gallaudet.edu/gis

Name of Visitor Liaison _____

Your Signature _____ **Date** _____