

PROGRAM: _____

SEMESTER & YEAR: _____

BIOGRAPHICAL

Name _____ Date of Birth _____
First Last Month/Day/Year

SIUE Student I.D. Number _____

Current Mailing Address: _____
Street

City State Zip Code

Telephone: _____ E-mail: _____

Parents Names: _____

Parents Telephone: _____ Alternate Tel: _____

Parents Address: _____

ACADEMIC

Cumulative GPA: _____ Academic Level (*circle one*): Fresh Soph Jr Sr Grad

Major: _____ Minor: _____

TRAVEL HISTORY

Do you have a valid passport? _____ YES _____ NO

If yes, from what country? _____

Passport Expiration Date: _____ Passport Number: _____

MEDICAL HISTORY:

Check the word which best describes your current health:

_____ Excellent _____ Good _____ Fair _____ Poor

If selected to participate in this Travel Study Program, will you be able to physically participate in all program activities with or without reasonable accommodations?

Please explain if accommodations are needed.

Emergency Contact

Name: _____ Relationship: _____

Daytime Tel: _____ Cell or Alternate Tel: _____

Address: _____

E-mail: _____

My signature below indicates I have read, acknowledge, and agree to the following conditions for my participation in this Travel Study Program:

- I grant consent to the Office of Student Affairs to inform the faculty travel leader if I have any prior discipline-related issue or violation of the SIUE Student Code of Conduct.
- I MUST purchase an ISIC (International Student Identity Card) for the accident medical and medical evacuation insurance coverage provided and provide my faculty leader with a copy of my card at least 2 weeks prior to departure.
- I grant consent to SIUE to talk to my parent(s) before or during the program for necessary administrative, health or safety reasons related to my participation in this Travel Study Program.
- If the balance of my program fee is not paid in full by the due date, I will not be allowed to participate and forfeit monies paid.
- If I have to withdraw from participation in the Travel Study Program once I have begun payments, I must consult with the travel study faculty leader to see what portion is refundable, if any.

I certify that all information on this form is true and accurate. If selected to participate in this Travel Study Program, I will notify the SIUE Office of Study Abroad and the faculty travel study leader of any changes that are relevant prior to the start of the travel study program.

Signature

Date