Albany State University

Office of Global Programs

ASU STUDY ABROAD/ INTERNSHIP PARTICIPATION FORM

(Must be completed by all USG students traveling abroad for various programs)

1) Student Information please print clearly and complete all fields.

_____

Full Name (As it appears on your passport)

_____

Home University or College

Student ID # _____

Passport Booklet #_____ Date issued_____Expiration_____

I do not have a Passport yet ☐ **A copy of the information pages and a color reproduction of your Passport must be submitted by April 2,2012. A mailed, scanned, or emailed color version may be sent to patrice.smith@asurams.edu. If you have it now please submit it with your application.

University/College Email_____

Alternate email_____

Cell Phone_____

Local address_____

Address_____

City State Zip

Date of Birth / / (MM/DD/YYYY

Permanent Address

_____

_____

Perm. Phone _____

Course Selection (Choose at least 2)

1._____

2._____

Initial By Participant: _____

Please circle one

Gender: Male Female

[Optional]Ethnicity: American Indian Asian or Pacific Islander Black, African American Hispanic Multiracial White

Please circle one

Academic level during study abroad/internship program:

Freshman Sophomore Junior Senior Graduate

Major _____

Minor _____ GPA _____

3) Medical Information (please attach another sheet if more space is required)

Physician's Name _____

Physician's Office Phone _____

Recent or Current Medical Conditions/ Allergies to Medications (This information is confidential but essential in case of emergency)

_____

_____

Recent or Current Psychological Care or Treatment (This information is confidential but essential in case of emergency)

_____

_____ _____

Current medications taken on a regular basis (This information is confidential but essential in case of emergency)

_____

_____ _____

Initial By Participant: _____

Allergies (Please include food and medicinal allergies)

_____

_____

I understand that I must buy the ASU recommended travel abroad insurance

Name and Signature_____

Do you have additional medical insurance? Yes or no (**Please circle one**)

If yes, please list group name and policy number_____

_____

4) Emergency Contact Information

Name _____

Email _____

Address

_____

_____

Relationship _____

Home Phone_____

Cell Phone _____

Initial By Participant: _____

5) I acknowledge receipt of financial support for my airfare, tuition, and board. In return I agree to write a short report and submit it to the Office of Global Programs within a week of my return. The report should be at least two pages with picture(s) and should reflect on my travel experiences. I give ASU my consent to share and publish my report to a third party at their discretion.

I also agree to make a presentation reflecting the outcomes of my travel and to refund any support funds paid on my behalf, for my study abroad program, if I fail to send in my report and do a presentation, as required.

I authorize the program director, or ASU program advisor to contact the person listed above in the event of an emergency.

I attest that all of the information above is up-to-date and complete.

I understand that failure to provide full information may impair ASU's ability to respond to an emergency involving me.

_____

Participant's Name and Signature Date

_____

Academic Advisor Name and Signature Date

Initial By Participant: _____