



ASU STUDY ABROAD PROGRAM/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 3, 2015. A mailed, scanned, or emailed color version may be sent to globalprograms@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 code

Date of Birth / / (MM/DD/YYYY)

Permanent Address

Permanent Phone _____

Course Selection (Must choose at least 2)

1. _____

2. _____

Initial by Participant: _____

Please check one (can insert check mark or use "X")

Gender: Male Female

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

Please check one (can insert check mark or use "X")

Academic level during study abroad/internship program:
Freshman Sophomore Junior Senior Graduate

Major _____

Minor _____ GPA _____

2) 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 (printed) and Signature _____

Do you have additional medical insurance? Yes No

If yes, please list group name and policy number

3) Emergency Contact Information

Name _____

Email _____

Address _____

Relationship _____

Home Phone _____

Cell Phone _____

Initial by Participant: _____

- 4) 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 Printed Name and Signature

Date

Academic Advisor Printed Name and Signature

Date

Initial by Participant: _____