



**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](mailto: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

Were you referred by any ASU Study Abroad Alumni? If so, what is their name? \_\_\_\_\_

Semester & Course Selection (Must choose at least 2 for Summer Programs)

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)

\_\_\_\_\_  
\_\_\_\_\_

Allergies (Please include food and medicinal allergies)

\_\_\_\_\_  
\_\_\_\_\_

**Initial by Participant:** \_\_\_\_\_

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 \_\_\_\_\_

#### Terms and Conditions

I attest that all information provided on this application is accurate and up-to-date. I understand that I must provide medical clearance from my primary care physician before being able to travel abroad while a student at ASU.

As a participant in ASU's Study Abroad Program, I agree to write a short report and submit 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. Participants in all programs agree that ASU can use photographs and video of the events for ASU news and promotional material, in print, electronic and other media, including the ASU website.

I authorize the program director, or ASU program advisor to contact the person listed above in the event of an emergency. 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 (Printed) and Signature \_\_\_\_\_

Date \_\_\_\_\_

Academic Advisor Name (Printed) and Signature \_\_\_\_\_

Date \_\_\_\_\_

Initial by Participant: \_\_\_\_\_