



Study Abroad Guest Information

Date of Submission _____

I. Biographical Information

Full Name (as it appears on passport) _____

Gender (please circle) Male Female Birth Date (MM/DD/YYYY) _____

Citizenship* (please circle) U.S. Citizen Lawful Permanent Resident Other: _____

Passport Origin and Number* _____ Place of Issue _____

*Attach copy of passport along with this form. Passport must still be valid six months after your return date.

Local Address (if applicable) _____

Permanent Address _____

Telephone (home) _____ Telephone (cell) _____

E-mail Address _____

Please circle the following:

Will you require a visa to enter this country*? Yes No

*It is your responsibility to check the visiting country's Embassy website to identify whether your citizenship (U.S. or non) requires a visa in order to enter the country. See Student Guidelines for more information

Will you be traveling on a non-U.S. passport? Yes No

II. Short-Term Study Abroad Program Information

Dates of Program _____ Please Circle: Winter Spring Summer

Country/Destination _____

III. Emergency Contact (i.e. parent, guardian, spouse, children)

Name _____ Relationship to you _____

Address _____

Telephone (Home) _____ Telephone (Cell) _____

