

STUDENT INFORMATION

Name _____
(First, Middle Initial, Last)

Student Social Security Number* _____ - _____ - _____ Birth date _____ / _____ / _____
Month Day Year

Street Address, City, State, Zip Code (where you want to receive correspondence about this program prior to departure)

E-mail Address (you check most often) _____ Telephone Number (cell) _____ Telephone Number (home) _____

Passport No. _____ Country of Passport Issue _____

Passport Date of Issue _____ / _____ / _____ Passport Date of Expiration _____ / _____ / _____
Month Day Year Month Day Year

Please attach a **color copy of your passport** (signature and photograph pages only) and your itinerary to this form or provide these attachments separately when you have them. You may e-mail, mail, or walk them in.
Please send in this form even if you have not yet obtained a passport or secured a flight.

STUDENT STATUS

Your current campus _____ Student Status in Fall 2015: FR SO JR SR Non Major/Emphasis _____

If you are not a UCR student, please attach a copy of your current or last transcripts to this form.

IN CASE OF EMERGENCY, CONTACT

First Contact Name _____ E-mail: _____

Street Address, City, State, Zip _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Relationship to you _____ Aware of your current health status? YES NO

Second Contact Name _____ E-mail: _____

Street Address, City, State, Zip _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Relationship to you _____ Aware of your current health status? YES NO

Student Signature _____ Date _____

* optional