



CO-LEADER/S INFORMATION

This form is due in the Education Abroad Office by **May 1** for programs departing in June and July or **one month prior** to departure for programs departing in August or September.

PROGRAM INFORMATION

Program Title: _____

Course & Section Number(s): _____ Course Credits: _____

Program Location(s): _____

Program Dates: From: _____ To: _____

Program Director Name: _____

Your actual travel dates: From: _____ To: _____

PERSONAL INFORMATION

Name: _____

Passport #: _____ Citizenship: _____

Date of Birth: _____ Expiration Date: _____

US Emergency Contact

Name: _____

Phone: Day: _____ Evening: _____

Email: _____ Relationship: _____

Medical Insurance Provider: _____

Policy Number: _____

Does this carrier cover you for both emergency and non-emergency care overseas? Yes No
Be sure to confirm this before travel and/ or purchase additional insurance, if necessary.

IN-COUNTRY CONTACT INFORMATION

Address: _____

Residence phone (include country code): _____

Mobile phone (include country code)*: _____

**If you plan to rent a phone on arrival, please be sure to e-mail glopardo@seattleu.edu with the phone number as soon as possible.*

Email: _____

Will you have access to SU e-mail: Frequently Infrequently Not at all

Please email detailed personal and participant's itinerary, if available, to: glopardo@seattleu.edu

I hereby certify that signing my name on the line below constitutes my true, legal and binding signature. Yes No

_____ Signature	_____ Date
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Please complete the form in full and return to the Education Abroad Office scanned via email (glopardo@seattleu.edu) or returned in hard copy to our office.