

# EDUCATION ABROAD

SEATTLE  
UNIVERSITY

901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090 [www.seattleu.edu/studyabroad](http://www.seattleu.edu/studyabroad) T: (206) 296-2226 F: (206) 296-6988

## PROGRAM LEADER 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 all other departures.

### PROGRAM DETAILS

Program Title: \_\_\_\_\_

Course & Section Number(s): \_\_\_\_\_ Course Credits: \_\_\_\_\_

Core equivalencies: \_\_\_\_\_ Major equivalencies: \_\_\_\_\_

Program Location(s): \_\_\_\_\_

Program Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Other faculty co-directing/teaching (name, dept. and course): \_\_\_\_\_  
\_\_\_\_\_

Your actual travel dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Provide the phone number(s)/email address we can use to contact you in the weeks/days immediately leading up to the start of your program:

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Passport #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Issue Date: \_\_\_\_\_ 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](mailto: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

**Additional Program Contacts:** (travel agent, university contact, organizations, etc.)

Name/s: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name/s: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name/s: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please email detailed personal and participant's itinerary, if available, to: [glopardo@seattleu.edu](mailto: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

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