



FACULTY & STAFF 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 others.*

Name (Last, First, MI) _____

Program Name _____

Program Location(s) _____

Program Dates From _____ To _____

Travel Dates From _____ To _____

Email _____

Office phone _____ Cell _____

Gender _____ Date of Birth (MM/DD/ YYYY) _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Citizenship _____ Passport # _____

Date of Issue (MM/DD/ YYYY) _____ Expiration Date (MM/DD/ YYYY) _____

Medical Insurance Provider _____

Policy Number _____

Does this carrier cover you for both emergency and non-emergency care overseas? Yes No

Confirm this before travel and/or purchase additional insurance, if necessary.

Do you want to purchase the same global health travel insurance as our students? (\$1.56 per day at your expense. Details [here.](#)) Yes No

In-Country Cell (include country code) _____

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

EMERGENCY CONTACT

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Cell _____ Home _____

Email _____ Relationship _____