



## Travel Registration Form - International

### **Personal Information PLEASE PRINT**

Name (as it appears on State Issued ID) \_\_\_\_\_

Classification \_\_\_\_\_ Major \_\_\_\_\_

Campus Box # \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

☐ Provide a copy of Passport

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary (for insurance purpose): \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary Phone: \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### **To be completed by trip sponsor:**

Trip Destination(s) \_\_\_\_\_

Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_

☐ Course for Academic Credit

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_