STUDY ABROAD PARTICIPANT INFORMATION FORM

All students, faculty & staff participating in a CSU or Non-CSU study abroad program are required to submit this completed form to the Center for International Education prior to their program departure.

1) ***Personal Information*** *Please print clearly and complete all fields.*

Full Name _____ **CSU ID #**_____
(As it appears on your passport) Last Name First Name Middle Name

Email _____@columbusstate.edu

Local Address _____ **Local/Cell Phone** _____
Street or P.O. Box

_____ **Date of Birth** ____/____/____
City State Zip

Permanent Address *(if different from above)* _____ **Home Phone** _____
Street or P.O. Box

_____ **Gender** ☐ Male ☐ Female
City State Zip

Ethnicity/Race ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Black/African American ☐ Hispanic /Latino ☐ White ☐ Multiracial

Academic classification during program: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Post-Baccalaureate ☐ Faculty ☐ Staff

Major/Department: _____ **Minor (if applicable):** _____

2) ***Program Information***

Program Name _____ **Country/Destination** _____

Departure Date ____/____/____ **Return Date** ____/____/____

3) ***Medical Information*** (please attach another sheet if more space is required)

Physician's Name _____ **Physician's Office Phone** _____

Recent or Current Medical Conditions/ Allergies to Medications (This information is confidential but essential in case of emergency)

_____

Recent or Current Psychological Care or Treatment (This information is confidential but essential in case of emergency)

_____

Current medications taken on a regular basis (This information is confidential but essential in case of emergency)

_____

4) ***Emergency Contact Information***

Name _____ **Email** _____

Address _____ **Relationship** _____
Street or P.O. Box

_____ **Phone** _____ **Alt. Phone**_____
City State Zip

I authorize the program director, site director or CIE to contact the person listed above in the event of an emergency. All of the information above is up-to-date and complete. I understand that failure to provide full information may impair CSU's ability to respond to an emergency involving myself.

Date ____/____/____ _____
Signature