

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 Global Engagement prior to their program departure.

1) Personal Information Please complete all fields.

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

Email _____

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

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

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

_____ **Gender** Male Female Non-Binary
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 CGE 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 _____