

Appendix C Student Information

INTERNATIONAL STUDIES ABROAD CUSTOMIZED PROGRAM



(Please type or print in ink)

ISA does not discriminate on the basis of race, color, national origin, disability, age, gender, or religion according to the EEOC guidelines. ISA will not tolerate any form of sexual harassment, including unwelcome sexual advances, vulgar, abusive, humiliating or threatening language, practical jokes, and other inappropriate behavior in the workplace or on our programs.

CURRENT ADDRESS

MR. MS. _____
LAST NAME

FIRST NAME MIDDLE INITIAL

CURRENT ADDRESS

CITY STATE ZIP CODE

TELEPHONE CELL PHONE

E-MAIL ADDRESS (YOU WILL RECEIVE SEVERAL EMAILS AT THIS ADDRESS IN PREPARATION OF YOUR PROGRAM)

PERMANENT ADDRESS (ALL INFORMATION MAILED AFTER THE PAYMENT/FORMS DUE DATE MAY BE SENT TO YOUR PERMANENT ADDRESS.)

PERMANENT ADDRESS

CITY STATE ZIP CODE

PERMANENT TELEPHONE

FOREIGN LANGUAGE PROFICIENCY IF APPLICABLE

(FRENCH/SPANISH/ITALIAN):

___ BEGINNING ___ INTERMEDIATE
___ ADVANCED ___ NATIVE SPEAKER

PERSONAL INFORMATION

DATE OF BIRTH AGE

PLACE OF BIRTH

CITIZENSHIP

PASSPORT NUMBER EXP. DATE

SCHOOL I.D. NUMBER

T-SHIRT SIZE (ADULT S, M, L, OR XL)

PROGRAM/ACADEMIC INFORMATION

U.S. UNIVERSITY/COLLEGE

GPA MAJOR

CURRENT LEVEL: ___ FRESHMAN ___ SOPHOMORE
___ JUNIOR ___ SENIOR
___ OTHER

PROGRAM CITY PROGRAM COUNTRY

PROGRAM TERM AND YEAR (EX: SUMMER 2009)

RELEASE

I _____ OF _____
(NAME) (ADDRESS)

THE STATE OF _____, COUNTY OF _____,

in consideration of the benefits accruing to me from the International Studies Abroad Program (the "program"), and other good and valuable consideration, do hereby release and discharge International Studies Abroad and any and all of their agents, employees, or representatives from all actions, suits, claims, or liability for damages or other legal or equitable relief of any nature resulting from, arising out of, or related to my participation in the program (including, without limitation, claims for personal injury or property damage). I release all photos taken or received from my experience abroad to be used by ISA and its study abroad affiliates exclusively for promotional study abroad materials.

I understand that I can be removed or dismissed from the program at any time, either prior to or after departure, for violating the ISA Code of Conduct.

I authorize ISA to provide my home institution with a transcript of all coursework that I complete as an ISA program participant.

I acknowledge that it is my responsibility to contact my home institution regarding policies on program participation, including but not limited to transfer credit procedures and procedures related to financial aid.

EXECUTED THIS _____ DAY OF _____, 20____

(STUDENT SIGNATURE)