

PARTICIPANT STUDY ABROAD APPLICATION
Xalapa Summer Program

Participant Information

Name: _____
As on your birth certificate or passport First Middle Last

Date of Birth: _____ / _____ / _____ Place of Birth: _____
Month Day Year City State Country

Mailing Address: _____
Street Apt.No. City State Zip Code

E-mail address: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Passport #: _____ Date of Issue: _____

College major: _____ GPA: _____

Place of Employment: _____ Position: _____

Parent or Custodial Information

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____
Street Apt. No. Street Apt. No.

City State Zip Code City State Zip Code

Hm Phone: _____ Hm Phone: _____

Wk Phone: _____ Wk Phone: _____

Fax: _____ Fax: _____

Housing

Name of person you want to room with: _____

Special Diet (please describe): _____

Medical Issues

Medical conditions: _____

Medication: _____ Purpose: _____

Blood Type: _____ Allergies: _____

Notice: When you are done with the day's classes and on weekends, you are free to "experience" Mexico. However, if you travel, we strongly urge you to do so with at least one other program participant and to let us know your plans. We recommend this for your safety. We reserve the right to drop a participant from the program if that participant in any way jeopardizes the integrity of the program.

I have read and understand the information in this notice.

Signature

Date