CBU International Study Trip
Application and Information Form

Submit with a $200 non-refundable payment

Return the completed forms to Dr. Emily Mathis Forsdick in Buckman Hall 346, or deliver them to Mrs. Wanda Anderson in Buckman Hall 342. If you have questions about completing the forms you can contact Dr. Forsdick at **emathis@cbu.edu** (321-3461) or Mrs. Anderson at **wanderso@cbu.edu** (321-3264).

Trip Location:_____Dates_____Course(s)_____

Name exactly as shown on passport or passport application: _____

Passport #: _____
Expires: _____
Frequent Flyer # and Airline: _____
Country of Permanent Residence: _____
Will you be 21 or older at the time of the trip? yes/no _____

SS#: _____ CBU I.D.# _____
Email address: _____
Status:(student yr/staff title/faculty/alumni): _____
Birth date: _____ Birth place: _____

Local Address:

Street (Campus Box if applicable)	*City, State, Zip*	*Phone*

Permanent Address:

Street	*City, State, Zip*	Phone: Cell: *Phone*

Emergency Contact:

Name	*(relationship)*	*Street*	*City, State, Zip*	*Phone*

Insurance Beneficiary:

Name	*(relationship)*	*Street*	*City, State, Zip*	*Phone*

I have read this and verify that the information above is correct or has been corrected.

_____
Signature

FOR OFFICE USE ONLY

Amount Paid: _____
Forms Completed? yes/no _____
Provided copy of Passport? yes/no _____