

**DELTA COLLEGE INTERNATIONAL/INTERCULTURAL STUDY TOUR  
STUDENT INFORMATION**



*This form may be duplicated.*

To be filled out by students at first class session (prior to the trip). The tour leader will carry a copy of this document during the trip. A copy must be on file in the International/Intercultural office (A003) prior to trip departure. Also, include a copy of the passport page with trip participant info and photo.

**(Please type or print)**

**A. PERSONAL INFORMATION**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ FAX \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Smoker \_\_\_\_\_ Non-Smoker \_\_\_\_\_

Student # \_\_\_\_\_ Social Security # \_\_\_\_\_ -- --

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(if available)

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Title or Job \_\_\_\_\_  
Description \_\_\_\_\_

**B. COURSE INFORMATION**

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_

Instructor \_\_\_\_\_

List title, number (if known), and dates of college courses you have taken which are related to the subject of this course.

Have you visited this destination before? \_\_\_\_\_ When? \_\_\_\_\_  
Under what circumstances?

Have you taken any other travel courses or trips with a college group? \_\_\_\_\_  
Which, when, where?

Why are you enrolling for this course? What do you hope to gain from the experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. MEDICAL INFORMATION**

→ → As of Sept. 2000, each Delta College Study Tour participant must show medical insurance coverage for international travel.

**MEDICAL INSURANCE CARRIER** \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT** \_\_\_\_\_

(Primary Person) (Relationship)

Address: \_\_\_\_\_

Phone - Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT** \_\_\_\_\_

(Secondary Person) (Relationship)

Address: \_\_\_\_\_

Phone - Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

**Your Physician's Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Your Age \_\_\_\_\_ Blood Type \_\_\_\_\_ Last Tetanus Immunization \_\_\_\_\_

Do you wear contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical disabilities, such as back problems, heart problems, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_

Please list any medications you will take on the trip and reason for taking: \_\_\_\_\_

Describe any existing condition that requires medical treatment, medication, or supervision and any other relevant medical/physical/general information you feel the trip leader should be aware of for your personal benefit and safety:

**D. SIGNATURE**

I certify that the above information is complete and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Student/Tour Participant)

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian of Student under age 18)