

CONTACT INFORMATION

Student Name _____

Program _____ Program Dates _____

College email _____

Personal email _____

PERMANENT/HOME ADDRESS (where you can always receive mail or be contacted)

Street address _____

City _____ State _____

Zip code _____ Home phone _____

All correspondence/mailings will be sent to this permanent address unless you inform us otherwise

TRAVEL SCHEDULE

Date you plan to leave the U.S. _____ Return to U.S. _____

EMERGENCY CONTACT(S)

Who would you like the OSA to contact in the event of an emergency?

- 1. Name _____
Relationship to you _____
Cell phone _____ Home phone/land line _____
Work phone _____
Email _____

- 2. Name _____
Relationship to you _____
Cell phone _____ Home phone/land line _____
Work phone _____
Email _____

YOU ARE RESPONSIBLE FOR NOTIFYING THE OFFICE OF STUDY ABROAD OF ANY CHANGES TO THIS INFORMATION