

**OFFICE OF STUDY ABROAD –
FACULTY LED PROGRAM
STUDENT APPLICATION AND RELEASE**
(Please Print)

Course/Program: _____ **Term:** _____

Name as it appears on your Passport: _____ Nickname: _____

Passport Number: _____ Country: _____

Issue Date: _____ Expiration Date: _____ Date of Birth: _____ Male Female

Place of Birth: _____ If U.S. Citizen, Social Security No.: _____
City, State/Province, Country

If not a U.S. citizen, as you a permanent residence of the U.S.? ___ Yes ___ No Student ID#: _____

Home Address: _____
Street Address, Apartment Number, Etc. City State Zip Code

Telephone: _____ E-mail Address: _____

Ethnic Origin (Optional information used for statistical purposes only)

- | | | |
|--|--|--|
| <input type="checkbox"/> White – non-Hispanic origin | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black – non-Hispanic origin | <input type="checkbox"/> American Indian or Native Alaskan | <input type="checkbox"/> Non U.S. Citizen |

Emergency Contact Information (In Case of an Emergency Notify the Following)

Name	Relationship	Home Phone	Work Phone	Language*

*Language spoken by your emergency contacts (if other than English).

Medical Information

If there is any relevant medical information about you that the trip coordinator/advisor should know, please complete the Medical Information form.

Authorization of Treatment and Release

I realize that participation in activities on and off campus could constitute a potential risk. I acknowledge that even with the best supervision, and strict observance of rules, accidents are still possible.

I will not hold Webster University responsible in case of accident or injury whether enroute to or from an activity or during participation of such activity. I agree to hold Webster University, its employees, agents, representatives, teachers, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature which may arise by or in connection with participation in any university activity.

In the event of an emergency, I authorize Webster University to make arrangements as reasonably necessary for the welfare of the student. I authorize the hospital/physician/dentist to perform medically necessary procedures.

I understand that the cost of medical attention and ambulance are not the responsibility of Webster University, its employees, agents, representatives, teachers, and/or volunteers.

I certify that the information given on this application is correct and complete.

Student Signature Date

OFFICE OF STUDY ABROAD – FACULTY LED PROGRAM MEDICAL INFORMATION

(Please Print)

Course/Program: _____ **Term:** _____

Name: _____ Nickname: _____

Male Female If U.S. Citizen Social Security No.: _____ If not a U.S. citizen, are you a permanent resident of the U.S. ___ Yes ___ No

Student ID#: _____ Telephone: _____ E-mail Address: _____

Home Address: _____
Street Address, Apartment Number, Etc. City State Zip Code

Ethnic Origin (*Optional information used for statistical purposes only*)

- White – non-Hispanic origin Hispanic Asian or Pacific Islander
 Black – non-Hispanic origin American Indian or Native Alaskan Non U.S. Citizen

Emergency Contact Information (In Case of an Emergency Notify the Following)

Name	Relationship	Home Phone	Work Phone	Language*

*Language spoken by your emergency contacts (if other than English).

Medical Information

Please, include below any relevant medical information about you that the trip coordinator/advisor, should know.

List any medical condition: _____

List any drug allergies: _____

List other known allergies (foods, drinks, etc.): _____

Date of last tetanus shot: _____

Authorization of Treatment and Release

In the event of an emergency, I authorize Webster University to make arrangements as reasonably necessary for the welfare of the student. I authorize the hospital/physician/dentist to perform medically necessary procedures.

I understand that the cost of medical attention and ambulance are not the responsibility of Webster University, its employees, agents, representatives, teachers, and/or volunteers.

I certify that the information given on this application is correct and complete.

Signature of individual financially responsible for this student.

Student Signature Date

Signature Date