



Study Abroad Programs Participant Information Sheet

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Personal Information

Name: _____ Email: _____
(Last/Family) (First) (Middle)

Alt. Email: _____ Student ID#: _____ Date of Birth: _____ Gender: M/ F

Permanent Address: _____ Tel: _____ Cell: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Program Information

Host Program Name: _____ Start Date: _____ End Date: _____

Program Coordinator: _____ Tel: _____ Fax: _____ Email: _____

On-Site Program Contact: _____ Tel: _____ Fax: _____ Email: _____
(If different from above)

Emergency Contact Information

1. Name: _____ Email: _____ Relationship to Participant: _____

Home Address _____ Cell: _____ Work: _____ Home: _____

2. Name: _____ Email: _____ Relationship to Participant: _____

Home Address _____ Cell: _____ Work: _____ Home: _____

Health Insurance Information

Primary Coverage

Insurance Company Name: _____ Tel: _____ Fax: _____

Website: _____ Policy #: _____ Subscriber ID#: _____

MANDATORY Overseas Medical & Travel Insurance Coverage

All participants **MUST** provide proof of overseas medical & travel coverage for the term spent abroad by attaching a statement or letter of enrollment and/or card.

- *Sponsored Program participants:* You are automatically covered through ACE/EUROASSIST while abroad.
- *External Program participants:* You must purchase Wells Fargo's plan if your host program or primary insurance does not include overseas medical coverage and 24 hour emergency assist services abroad.

Additional Information

I give USF's Center for Global Education permission to release my name, e-mail, and phone number while I'm abroad or upon my return to students inquiring about my host study abroad program or country. **Yes No**

I hereby certify that all the information I provided on this Participant Information Sheet is true and correct.

Signature: _____ **Date:** _____