

# EDUCATION ABROAD STUDENT INFORMATION FORM Study Abroad

## PERSONAL INFORMATION

SAIN

Full name: \_\_\_\_\_

*Last*

*First*

*Middle*

NSU ID # \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Undergraduate Major: \_\_\_\_\_ Year: FR SOPH JR SR

Graduate School/Program \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

NSU Email: \_\_\_\_\_ Alternate E-mail \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Alternative number: \_\_\_\_\_

Emergency E-mail address: \_\_\_\_\_

## TRAVEL INFORMATION

Country/ies: \_\_\_\_\_

Name of University/Provider \_\_\_\_\_

Trip Start Date \_\_\_\_\_ Trip End Date \_\_\_\_\_

## PREPARATION CHECKLIST

Have you secured the credit transfer for the courses you will take abroad? \_\_\_\_\_ Advisor's Name \_\_\_\_\_

Do you have Health/Travel Insurance? \_\_\_\_\_ If YES, Carrier's Name \_\_\_\_\_

Passport Number \_\_\_\_\_ Is your Passport valid for 6 months? \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you secured visas to the countries you are traveling to? (if applicable) \_\_\_\_\_

If yes, please state what countries you secured visas for \_\_\_\_\_

Have you checked with doctor re inoculations required/needed? \_\_\_\_\_

Have you completed the Travel Registration process (OIA and STEP) with NSU? \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Have a good trip!*