

**WFU PROGRAM PARTICIPANTS
INFORMATION SHEET**

To Students: Please complete this form and return it to your program director!

To Program Directors: Once you have collected information sheets from all student participants, please send all the forms to the Center for International Studies.

Name (first, middle, last) _____

SS# _____ WFU ID # _____ WFU e-mail _____

Will be abroad (Circle One): Spring Summer Fall 20 _____ Gender: M F

Country _____ Program Dates ____/____/____ to ____/____/____

Major _____ Minor _____ Cum GPA _____

Local Mailing Address or PO Box _____

Local Phone _____ Permanent Phone _____

Permanent Address _____

(city, state, zip code) _____

Year admitted to WFU _____ Expected Date of Graduation ____/____/____
Month Year

EMERGENCY CONTACT INFORMATION

Primary Contact
Name _____ Relationship to you _____

Daytime phone _____ Evening Phone _____

Fax number _____ E-mail _____

Secondary Contact
Name _____ Relationship to you _____

Daytime phone _____ Evening phone _____

Fax number _____ E-mail _____

FOR OFFICE USE ONLY

_____ Assumption of Risk & Release form

_____ Health Questionnaire form

