EMERGENCY CONTACT INFORMATION

Student Name: _____   **Program:** _____

AU ID #: _____   **Email Address:** _____

Please list two contacts whom you would like us to contact in the event of an emergency:

Contact Person: _____

Relationship to Student: _____

Address: _____

City: _____   **State:** _____   **Zip Code:** _____

Daytime Telephone Number: _____   **Evening Telephone Number:** _____

Fax Number: _____   **Email Address:** _____

Other: _____

_____

Contact Person: _____

Relationship to Student: _____

Address: _____

City: _____   **State:** _____   **Zip Code:** _____

Daytime Telephone Number: _____   **Evening Telephone Number:** _____

Fax Number: _____   **Email Address:** _____

Other: _____

_____

TRIP INFORMATION

Student Name: _____   **Program:** _____

AU ID #: _____   **Email Address:** _____

Course Information

Term: ☐ **Fall** ☐ **Spring** ☐**Summer**   **Year:** _____

Course #: _____   **Title:** _____

Faculty Supervisor: _____

Travel Dates

Departure Date: _____   **Return Date:** _____

Destination Information

Cities/Countries Visiting: _____

_____

Student's International Address (if known)

Address: _____

_____

Telephone Number: _____   **Fax Number:** _____

Email Address: _____

International Emergency Contact Information (if any)

Name: _____

Organization: _____

Address: _____

_____

Telephone Number: _____   **Fax Number:** _____

Email Address: _____