



Traveler Information Page Graduate and Professional International Programs

Answer all questions. This information will be used in case of emergency. Please return this form to the director/ coordinator of the international experience. Please attach a copy of your full itinerary with this document.

1. Host Institution or Site of Clinical Rotation:

2. Host Country: _____

3. Date of start of program: _____ Date completion of program: _____

4. Do you have a passport? Yes No

If yes, please attach a photocopy of photo page.

If no, please apply for a passport as soon as possible, and submit the copy of photo page.

Date passport application was submitted: _____

5. Name(As it appears on the passport):

6. Country where passport was issued:

7. Passport Number

8. Place of Birth(City, State):

9. Date of Birth

10. Do you have a cell phone with international roaming or the ability to text message while overseas? Yes No If Yes, what is the number? _____

11. What languages do you speak?

12. What school/program are you enrolled in currently?

13. Current Phone Number: _____

14. Email Address: _____

15. Parent/ Spouse or Significant Other Name & Address:

_____ Phone number: _____

16. Emergency Contact (Please write down 2 people, with 2 different addresses.):

Name:	Name:
Address:	Address:
Phone No.:	Phone No.:
Email:	Email:
Relationship to you:	Relationship to you:

In case of emergency I hereby grant permission for Pacific University to contact individuals listed above and to release any pertinent information to them.

Signature of Traveler

Date

For Program Coordinator or Dean/ Director: Please scan all documents and put in BOX.