



Faculty-Led Study Abroad Student Information Form

Name (as it appears on your passport): _____

Date of Birth: _____ M: _____ F: _____

Phone Numbers- Home: _____ Cell: _____ Office: _____

Address: _____

Email address: _____ Citizenship (US or other?): _____
(most frequently used)

Ethnicity: (Optional - This is requested for federal reporting of study abroad participation)

Please check one: White, non-Hispanic _____ Hispanic _____ African American _____
Asian or Pacific Islander: _____ American Indian _____

Do you have a Passport? _____ If yes, from what country? _____

What is the passport number? _____ Expiration date? _____

IMPORTANT NOTE: Please make a copy of the ID page for your faculty director.

Course or Courses I will register to take at BC as a part of this program:

For credit or audit? _____

Deposit for study abroad program is attached : Yes or no? _____ Amount: \$ _____
(payable to Broward College)

Medical Information: Are you allergic to any medication? _____ If so, what? _____

Do you take prescription medication? _____ If so, for what condition? _____

Other medical concerns or dietary restrictions? _____

Are you on any type of probation (academic, disciplinary, or court-ordered)? Yes _____ No _____

Emergency Contact: 1. _____ Relationship to you: _____

Address: _____

Telephone number(s): _____

Emergency contact: 2. _____ Relationship to you: _____

Address: _____

Telephone number(s): _____

I hereby allow Broward College to release this information in case of emergency:

Signature: _____ Date: _____