

HAWAII TRAVEL EXPERIENCE APPLICATION FORM

Instructions:

1. Please type or print in black ink.
2. Answer all questions & sign Release Form.
3. Provide proper payment information.

PART A: PERSONAL DATA

NAME:

FIRST

MIDDLE

LAST

HOME ADDRESS:

NUMBER STREET

CITY:

STATE:

ZIP CODE:

HOME PHONE:

DATE OF BIRTH:

MALE FEMALE

ACADEMIC ADVISOR:

Are you a US Citizen? YES NO

If no, which country are you a citizen:

If you are not a US Citizen, do you have a green card? YES NO PASSPORT #

IF UNDER 18, NAME OF PARENT OF GUARDIAN:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE #

PART B – COURSE SELECTION

I am taking a course for 3 credits 6 credits

AN 225 *Cultural Anthropology* SO 323 *Sociology of Racial Cultural Groups*

*NOTE: Registration for course is the responsibility of the student.

PART C – HEALTH RECORD

Is your general health good? YES NO

Is there any *SPECIAL MEDICAL TREATMENT* you require? If yes, please explain

List any history of physical illnesses:

Have you ever suffered a nervous breakdown or other medical disorders requiring psychiatric treatment? YES NO

If yes, please describe:

In case of **EMERGENCY**, please notify:

NAME (Relationship)

ADDRESS

Home phone, business/cell

INSURANCE CARRIER:

POLICY #

INSURANCE COMPANY TELEPHONE #

PART D – PAYMENT

I (we) have read and agree to the terms and conditions as outlined in the Agreement and Release attached and will pay \$1,900. I understand there is a **\$200 non-refundable deposit I will lose if I cancel.**

Participant's Signature:

Guardian Signature *if under 18*:

Date: