



OFFICE OF INTERNATIONAL PROGRAMS

APPLICATION *for Spring Break 2015 Civil Rights Tour*

Return application to the Office of International Programs at Drexel by **Tuesday, December 2, 2014**.

Questions? Contact the Office of International Programs (401.341.2372 / studyabroad@salve.edu) or one of the Salve Regina faculty members leading the program - Dr. Anthony LoPresti (anthony.lopresti@salve.edu) & Dr. Sami Nassim (sami.nassim@salve.edu).

PERSONAL INFORMATION *Email a recent photo of yourself (head & shoulders only) to studyabroad@salve.edu.*

First Name: _____ Middle Name: _____ Family Name: _____
Date of Birth: _____ Gender: ☐ Male ☐ Female Salve ID#: _____

ACADEMIC INFORMATION *Submit a copy of your Academic Evaluation with this form (available on MySalve ->MyInformation).*

Major(s): _____
Minor(s): _____ ☐ Pell ☐ Via

Which degree requirement, if any, would you like to fulfill with this study away program? *Check all that apply.*

☐ Major Requirement ☐ Elective in Major ☐ Minor Requirement ☐ Elective in Minor ☐ Core Complement ☐ Free Elective
☐ Pell Elective ☐ None – Personal Enrichment Only ☐ Other (please describe) _____

Have you already studied abroad or away through Salve Regina University? ☐ Yes ☐ No

If yes, provide program information below.

When and which program(s)? _____

PARTICIPANT CONTACT INFORMATION

Please notify the Office of International Programs of any address or phone number changes so we can easily contact you.

LOCAL ADDRESS:	PERMANENT HOME ADDRESS:
Residence Hall: _____	Street 1: _____
Street: _____	Street 2: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Cell Phone: _____	Permanent Phone: _____
Salve Email: _____@salve.edu	Personal Email: _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____ Relationship: _____
Preferred Phone: _____ Alternate Phone: _____ Email: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Secondary Contact Name: _____ Relationship: _____
Preferred Phone: _____ Alternate Phone: _____ Email: _____

Continued on the next page.

MEDICAL INFORMATION & SPECIAL NEEDS

Please note that your medical information will be kept confidential. This record will only be kept for the duration of your trip. Once you have returned your information will be properly discarded.

Allergies: _____

Medical Conditions: _____

Are you currently taking any medications? If yes, what? _____

Dietary Restrictions or Special Needs: _____

HEALTH INSURANCE – *Please provide a copy of your insurance card (front & back).*

Company: _____

Group #: _____ Plan #: _____ Company Phone: _____

How did you hear about this program? _____

Why do you want to participate in the Spring 2014 Civil Rights Tour? What do you hope to gain from this experience?

SIGNATURE _____

By submitting this application, I certify that the information on this application is correct. I acknowledge that acceptance into the program is subject to certain eligibility requirements and is at the discretion of Salve Regina University. I understand that students on study away programs must comply with the Student Code of Conduct and any other applicable rules, as well as all federal, state and local laws. I acknowledge and agree that Salve Regina may revoke my acceptance or withdraw me from the Program at any time if:

- I am no longer a matriculating student at Salve Regina,
- I no longer meet eligibility requirements of the Program,
- I fail to pay the required non-refundable deposit and all Program fees,
- I fail to comply with all requirements of the Program including requirements pertaining to participation agreements and releases, and vaccinations, or
- I have been found to have violated the Student Code of Conduct or any other law, rule, or regulation and/or I have engaged in unprofessional and/or inappropriate behavior that would affect my ability to preserve the high standards of the University as a student studying abroad.

I also authorize Salve Regina to publish for public relations purposes my photograph or photographs in which I appear.

APPLICANT SIGNATURE _____ DATE: _____

