

**Return form to:**  
**Office of the Associate Provost for Academic Affairs**  
**St. Thomas Hall**  
**Communications Wing, 5<sup>th</sup> Floor**  
**Tel: 570-941-4760 Fax: 570-941-4386**

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## **Foreign Travel Information Form**

All students, faculty and staff traveling outside the United States under any program associated with The University of Scranton must register, at least **two weeks** in advance of their travel, with the Office of the Associate Provost for Academic Affairs.

**Please answer the following questions:**

Name: \_\_\_\_\_

Country: \_\_\_\_\_

Dates of Travel \_\_\_\_\_  
(you may attach the itinerary to the form)

Travel Contacts: (include name, phone numbers)

Host Institution: \_\_\_\_\_  
\_\_\_\_\_

Hotel: \_\_\_\_\_  
\_\_\_\_\_

Host Family: \_\_\_\_\_  
\_\_\_\_\_

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## Health and Emergency Information Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Faculty/Student ID: R \_\_\_\_\_

Person to Contact in an Emergency \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Numbers \_\_\_\_\_

Important Medical Information (Asthma, Allergies, Diabetes, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking medication of any kind? (If so, please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any other pertinent health, medical or emergency information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to release the above information to the Coordinator, Director, Faculty and Chaperones of my Service trip or Credit Bearing Study Abroad Courses.

Date \_\_\_\_\_ Signature \_\_\_\_\_