

**STUDENT INFORMATION FORM  
INTERNATIONAL FIELD SEMINAR**

**YOUR NAME:**

**EMERGENCY CONTACT NAME & TELEPHONE NUMBER:**

**EMERGENCY MEDICAL AND REPATRIATION OF REMAINS INSURANCE  
COMPANY:**

**EMERGENCY OVERSEAS TELEPHONE NUMBER FOR MEDICAL  
INSURANCE:**

**YOUR POLICY NUMBER:**

**D. O. B.:**

**COUNTRY OF PASSPORT:**

**PASSPORT NUMBER:**

**PASSPORT EXPIRATION:**

**Submit copy of your passport on the reverse side of this form**

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**Remember to:**

- 1. Obtain EMRM insurance—submit company name and policy number to us**
- 2. Obtain copy of passport—submit to us**
- 3. Check visa requirements ([travisa.com](http://travisa.com))**
- 4. Fill out and return NSU Waiver form—submit to us**
- 5. Submit your date of arrival and departure**