



Travelearn Participant Form

Travelearn Program _____

Faculty Coordinator Name _____

Date _____

This form must be completed in full, and must be accompanied by the following documents:

- Travel Waiver
 Administrative Fee / Deposit
 Copy of Passport

Personal Information

Name as it appears on passport (LAST, FIRST) <i>Use all capital letters</i>		
Street	Apt #	
City	State	Zip
Telephone	Cell	
Email		
Date of Birth (MM/DD/YYYY)		
<i>If participant is under age 18, provide name of the parent or guardian who will accompany minor:</i>		
Social Security Number		
Country of Citizenship	Passport Number	
If non-U.S. citizen, describe status, i.e. F-1 Student, U.S. Permanent Resident, etc.:		
Emergency Contact Name / Telephone		
Preferred Roommate		

Health Information

Health Insurance Provider	
Do you have any illnesses or conditions that require daily, frequent, or periodic attention or medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If so, list and note required prescription and dosages:</i>	
Do you have any allergies to food or medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, list:</i>	

Registration

Participant Status <i>Check one</i>	<input type="checkbox"/> Matriculated undergraduate student <input type="checkbox"/> Matriculated graduate student <input type="checkbox"/> Non-matriculated undergraduate student <input type="checkbox"/> Non-matriculated graduate student <input type="checkbox"/> Visiting student (matriculated at another university) <input type="checkbox"/> Full-time Kean University Employee <input type="checkbox"/> External Participant
GPA	# Course Credits Completed
Major	
Will you seek Financial Aid to put towards the program cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you register for the related academic course(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, check appropriate box and provide course code. Note that students are responsible for registering for the course(s) via KeanWISE.</i>	Graduate course number(s): Undergraduate course number(s)

Academic Advisor Approval

This student has met the requirements to register for the above Travelearn-related course(s).

Signature	Date
Name	Department