

# Non-UWGB Study Abroad Program Information Sheet



Name: \_\_\_\_\_ UWGB ID: \_\_\_\_\_

Host City/Country: \_\_\_\_\_ UWGB email: \_\_\_\_\_

Host University/Organization: \_\_\_\_\_

Year: \_\_\_\_\_ Term (circle one): Summer Winter Academic Year

Program Dates: \_\_\_\_\_ Fall Spring Spring Break/Other

**INSTRUCTIONS:** Please fill out form completely, sign the form and return to the Office of International Education (CL 108).  
If you have questions, please contact the Office of International Education at [ois@uwgb.edu](mailto:ois@uwgb.edu) or 920-465-2190.

Program Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Sponsoring Institution: \_\_\_\_\_

Will you have travel and medical insurance? Y N Company: \_\_\_\_\_

Does this country have a U.S. Travel Warning? Y N

Will host organization register you with the State Department STEP program? Y N

## STUDENT INFORMATION

Student Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Cell Home Class Standing: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Home Email: \_\_\_\_\_

**REMINDER:** Please sign and return to the Office of International Education **BEFORE** you depart. Thank you!

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Received DATE: \_\_\_\_\_

Program Withdrawal DATE \_\_\_\_\_