

Cedarville University

Travel Study

Geology of National Parks

Application

Office Use Only: Program Geology of National Parks

Application Date _____
Airline Paid _____
Deposit _____
Medical Form _____
All Payments Received _____
Registered for Course _____
Grade Recorded _____

FULL NAME

STUDENT ID #

MAILBOX #

ADVISOR

GENDER

MAJOR

ANTICIPATED YEAR OF GRADUATION

MINOR

Summer 2008
June 8 – June 22

PERMANENT ADDRESS

CITY

STATE

ZIP

CLASSIFICATION: FR SO JR SR

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

NAME

RELATIONSHIP TO STUDENT

STREET ADDRESS

CITY, STATE, ZIP

HOME PHONE

WORK PHONE

E-MAIL

FAX

Secondary Contact in the event of an emergency:

NAME

RELATIONSHIP TO STUDENT

STREET ADDRESS

CITY, STATE, ZIP

HOME PHONE

WORK PHONE

E-MAIL

FAX

CEDARVILLE requires all Travel Study students to have medical coverage outside of the university plan.

INSURANCE COMPANY _____ POLICY NUMBER _____

Please list any medical problems a physician should be aware of before treating you, including all allergic reactions to medicine, medicines you currently take and chronic conditions:

SIGNATURE OF STUDENT _____ PRINT NAME _____

STUDENT ID NUMBER _____ DATE _____