



REGISTRATION FORM
Faculty-led Study Abroad Course

This form must be completed and submitted to the Director of the Office of International and Intercultural Programs *no later than two weeks prior to the course start date.*

Course Title: _____

Course Instructor(s): _____

Course Travel Dates: _____ Location(s): _____
City, Country

STUDENTS ENROLLED

NAME	<u>Student Info Form</u>	<u>Emergency Contact Form</u>	<u>Assumption of Risk & Responsibility Form</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional students on the back of this form. All 3 forms for **each student** must accompany this form in order to register your course with OIP.