

Short Term Organized International Travel (STO-IT)
PERSONAL DATA SHEET

This form must be completed by all student participants prior to departure.

Name _____
Last First Middle

Email address/Andrew ID _____ Gender ___ Male ___ Female

Your year in College when abroad: (for summer travel, check the year recently completed)
___ First-Year ___ Sophomore ___ Junior ___ Senior ___ 5th Year Senior ___ Graduate Student

Citizenship _____ Birth date ___/___/___ Birthplace _____
MM DD YYYY City, State/Country

Please fill out this section if applicable to the STO-IT experience.

College _____ Academic Advisor _____

Department _____ Primary Major _____

2nd Dept _____ 2nd Major _____ Minor _____

Contact information and emergency contact (required):

Permanent Address _____

Permanent Phone () _____

Emergency Contact Person _____ Relationship _____

Emergency Contact's Email _____ Emergency Home Phone _____

Emergency Work Phone _____ Emergency Cell Phone _____

STO-IT Details:

Dates of Trip ____/____/____ to ____/____/____ Trip destination(s)_____

Representative (Group Leader) Name_____

Phone _____ Email address _____

Overseas Contact/In-Country Provider Name_____

Phone _____ Email address _____

Living arrangement while abroad (i.e. Homestay, Hotel, Res Hall, etc.)_____

Purpose of Trip (check all that apply):

____ Part of course for credit ____ Receiving university credit unconnected to a specific Carnegie Mellon course

____ Faculty or staff led meta-curricular or curricular program ____ Student led organization/service trip

* If your trip involves travel to a country listed on the State Department Travel Advisory http://travel.state.gov/travel/cis_pa_tw/cis_pa_tw_1168.html, please contact Risk Management at 412-268-3790 or bcappo@andrew.cmu.edu for further instructions.*

Ethnicity/Race (Optional for Statistical Purposes).

Are you Hispanic/Latino? ____ Yes ____ No

Check all that apply:

____ American Indian or Alaskan Native ____ Asian ____ Black or African American
____ Native Hawaiian or Other Pacific Islander ____ White

This form must be accompanied by the *Student Participant Agreement, Acknowledgement of Risk and Consent for Treatment*