



Foreign Travel Participant List

Course Information

Semester/Year:	
Course Name:	
City / Country Destination(s):	
Course Number:	
U. S. Departure Date:	
U. S. Return Date:	

Faculty Name:	
College / Dept. Name:	
Email Address:	
Work Extension:	
Fax Number:	

	Last name	First name	MI	Status †	Campus Id	Emergency Contact	Relationship	Home Phone	Work Phone	Cell Phone
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

For additional participants, please prepare and submit a second form.

† Participant status - For insurance purposes, please note if participant is an employee, student, or other participant of the trip