

Faculty-Led Study Abroad
Thailand
June 7-28, 2019

Full Name: _____ Student ID: @ _____

Gender: Male Date of Birth _____ Passport #: _____
Female (Passport is required for travel to Thailand)

Mailing Address: _____
Street Address

City State Zip

Cell Phone: _____ Email: _____

Affiliation with EU: Student Faculty/Staff Alumni Other

Course Selection: COUN 735: Counseling Practicum (3 credits)
ARTT 790: Research Project in Art Therapy (3 credits)

Travel Only

Prices are subject to change during the registration period. A \$350 non-refundable deposit is required to secure your place in this program. If you are enrolling in COUN 735 or ARTT 790 concurrently with the program, Edinboro University will bill you for tuition and fees at Summer 2019 rates.

Your registration also serves as your financial commitment to Edinboro University.

Your financial obligations are as follows:

- *The total due to Edinboro University is \$2,725*
- *I understand my \$350 deposit is non-refundable.*
- *If I cancel my participation, I will be responsible for any non-refundable purchases made on my behalf; examples include, but are not limited to, accommodation reservations.*
- *I am responsible for purchasing my own airline ticket to and from the Chiang Mai International Airport, Thailand.*
- *I will be obligated to pay \$1,225 to Edinboro University by February 1, 2019*
- *I will be obligated to pay the balance of \$1,150 by March 15, 2019.*
- *If Edinboro University cancels the program, my \$350 deposit will be refunded.*
- *I understand that tuition and fees will be billed separately for the course.*

I have read and fully understand my financial obligations.

Signature: _____ Date: _____

Emergency and Medical Information

The following information will not be used to determine admission. It will be used to assist on-site personnel if you have a health emergency.

Emergency Contacts

Use the spaces below to record the name, telephone number, type of number (work, home, cell) and relationship of your emergency contact. Please provide emergency contacts who will be located in the United States during the duration of the program.

Name	Telephone Number	Type	Relationship

Medical Information

Please use the space below to list any medical conditions you feel emergency personnel need to know before attempting to provide you aid. Also include any medications and dosages that you feel need to be known as well.

Medical Conditions (i.e. allergies)	
Medications	
Name of Medication	Dosage

Health Insurance

As a participant in the Thailand 2019 with CIS Abroad, you will automatically be enrolled in the CISI Insurance Plan. If you would like supplemental insurance while abroad, please check with your health insurance provider or research online for information regarding supplemental coverage.

This form must be completed and returned to Dr. Penelope Orr, Butterfield Hall, Room 235 or by emailing porr@edinboro.edu.