



Faculty Information Form

WAYNE STATE UNIVERSITY

Study Abroad & Global Programs

906 W. Warren • 131 Manoogian • Detroit, MI 48201 • Phone: (313) 577-3207

Program Name and Term: _____

(Please return form to the Study Abroad and Global Programs office or fax to (313) 577-7687)

<input type="checkbox"/>	Mr. Preferred First Name/Nickname	Last Name	Full Legal Name (as on passport)
<input type="checkbox"/>	Ms.		

Current information on file is the same as previous year. (If so, you do not need to complete the remainder of the form.)

Current Address

City	State/Province	Postal Code	E-mail
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*Most correspondence from our office will be via e-mail. Please list one you check regularly.

Phone	Alt. Phone	Country of Citizenship **
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**Please note: If you are not a US Citizen, it is your responsibility to obtain a visa to enter the country you will be visiting. Not all programs require a visa so check online or with an advisor if you are uncertain.

WSU PID # is: _____	Date of Birth (MM/DD/YYYY)	Gender M F
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Emergency Contact: *Please list who should be notified in case of emergency*

Name	Relationship to you
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Current Address

City	State/Province	Postal Code
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Home Phone	Work Phone	Cell Phone	Fax (optional)
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E-mail