



Student Information Form

WAYNE STATE UNIVERSITY

Study Abroad & Global Programs

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

Please complete form and return it to the Study Abroad & Global Programs Office or fax to (313) 577-7687

Program Name and Term: _____

Sponsoring Department and Faculty Member: _____

Applicant Information:

Mr. Preferred First Name/Nickname Last Name Full Legal Name (as on passport)
 Ms.

Current Address _____

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

Phone Alt. Phone Country of Citizenship **

****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.

Are you currently a WSU student? <input type="radio"/> Yes, my WSU PID # is: _____ <input type="radio"/> No, I have never attended the university. <input type="radio"/> No, my last class was in _____ (MM/YYYY). <input type="radio"/> No, my current institution is: _____	Status during program: <input type="radio"/> Freshman <input type="radio"/> Post Bachelor <input type="radio"/> Sophomore <input type="radio"/> Masters <input type="radio"/> Junior <input type="radio"/> Doctoral <input type="radio"/> Senior <input type="radio"/> Other Professional	Current GPA: _____ Are you in the Honors Program? Y N Are you a DCE Student? Y N
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Race/Ethnicity <small>*For statistical purposes only; does not affect program eligibility. If you are multi-racial, please choose the one you identify with most.</small> <input type="radio"/> Hispanic <input type="radio"/> Asian or Pacific Islander (API) <input type="radio"/> White (Non-Hispanic) <input type="radio"/> American Indian, Eskimo or Aleut(AIEA) <input type="radio"/> Black (Non-Hispanic)	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

Current Address _____

City State/Province Postal Code

Home Phone Work Phone Cell Phone Fax (optional)

E-mail _____

Insurance:

I wish to purchase International Health Insurance. (If so, please complete the information on the following page.)



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Name: _____

Host Country (Countries): _____

Departure Date: _____

Return Date: _____

Country of Issued Passport:

USA

Other: _____

I wish to enroll for insurance under the terms of Wayne State University's master insurance policy with HTH Worldwide.

Type of Insurance	Amount per day
Participant	\$1.50
Spouse	\$4.75
One Child	\$2.50
Children	\$4.75
Total Amount per day:	
Number of Days:	X
Grand Total	\$

Method of Payment:

Credit Card (If paying by credit card, please complete Credit Card Authorization Form)

Check

Money Order

Other: _____

Signature: _____ **Date:** _____

The stated benefits and premiums are valid until 12/31/09. I certify that I meet the eligibility described in the attached brochure. I acknowledge that benefits will not apply to treatment arising from pre-existing medical conditions. Make checks payable to Wayne State University and deliver to: Study Abroad and Global Programs, 906 W. Warren, 131 Manoogian, Detroit, MI 48201. Total premium for Full Term coverage must be paid in U.S. Dollars at the time application for coverage is made.