

University Exchange Program

WAYNE STATE UNIVERSITY

University Exchange Program Information

Please return this application to:

Study Abroad and Global Programs

5155 Gullen Mall

1600 David Adamany Undergraduate Library

Detroit, MI 48202

Phone: (313) 577-3207

Fax: (313) 577-7687

E-mail: studyabroad@wayne.edu

Website: www.studyabroad.wayne.edu

Applicant Information:

Mr. Preferred First Name/Nickname Last Name
 Ms.

Name of exchange program and home university:

Date and year of program:

Emergency Contact: *Please list who should be notified in case of emergency*

Name Relationship to you

Current Address

City State/Country Postal Code

Home Phone Work Phone Cell Phone Fax (optional)

E-mail

The medical review of this form and admission into a program are independent of one another. The purpose of this form is to help the Study Abroad and Global Programs Office to provide appropriate assistance to you should the need arise during your exchange program. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in the WSU's exchange program. The information provided will remain confidential as allowed by law. Relevant information will be shared with the program staff, faculty or appropriate professionals as it relates to your health and safety. This information is required to coordinate treatment in the event of a medical emergency.

Answer "N/A" if not applicable and attach another sheet if necessary.

DISABILITIES

Please list any special accommodations, if any, that you will require while at WSU:

ALLERGIES

Medication allergy: Reaction: Treatment, if exposed:

Food or environmental allergy: Reaction: Treatment, if exposed:

MEDICATIONS

Please list any medications you are taking on a daily basis:

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Additional Health Conditions

Do you have any health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program?

Yes No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition(s) How often do you have symptoms?

Plan for managing this condition while abroad?

Health and Emergency Agreement

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization Form for access and review by the director of WSU Study Abroad and Global Programs and the appropriate health care professionals at WSU. If further medical information is required, I understand that I will be contacted by a health care professional at WSU who will ask for a specific release for my personal health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety, it may be discussed in a confidential manner with the director of WSU Study Abroad and Global Programs and WSU's housing.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Wayne State University, through its representatives, to secure any necessary treatment. If coverage is not provided through the WSU's insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Wayne State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency, Wayne State University may notify my emergency contact listed on the Study Abroad application.

I certify that all responses made on this form are complete, true and accurate, and I will notify the Study Abroad and Global Programs Office immediately of changes in the state of my health. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand participation in this exchange program is contingent on receipt by the WSU Study Abroad and Global Programs Office of this completed and signed form.

Signature _____ Date _____