

Confirmation Report

Name: _____ APU ID#: _____ APU Box #: _____

Study Abroad Program & Organization: _____ Semester/Term: _____

Program Participation Confirmation

 By signing below you are committing to full participation in the program listed above with full knowledge and agreement to all financial, behavior, participation and processing policies stated in your program application, acceptance notification, program forms and through the APU website www.apu.edu & www.apu.edu/studyabroad.

Personal & Travel Information

Program Location: <small>(city, region, county, country)</small>	World Region: <input type="checkbox"/> Africa <input type="checkbox"/> North America <input type="checkbox"/> Asia <input type="checkbox"/> Oceania <input type="checkbox"/> Europe <input type="checkbox"/> South America <input type="checkbox"/> Middle East <input type="checkbox"/> Other: _____
Dates of Program:	
Travel Dates: Leaving U.S.(MM/DD/YY)	
Returning to U.S.(MM/DD/YY)	

Permanent/U.S. Home Mailing Address: _____

Cell Phone: Cell phone availability while out of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Phone:
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APU Email: <small>(ALL Study Abroad Information will go to your APU email address.)</small>	Personal Email:
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Date of Birth (MM/DD/YYYY):	Gender: _____ Male _____ Female
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Passport Information (For International Programs – Domestic Programs must attach valid Driver's License)

 A copy of the picture page of your passport is required for all international study abroad program participants & must be signed, valid for 6 months AFTER your program return, and have blank visa pages. Attach to this form. **NOTE:** If you have **anything** other than a valid U.S. issued passport, it is **your** responsibility to research & take care of any and all visa & immigration requirements in order to study abroad for the length & location of your intended program. Contact APU's ISS for more info (626.812.3055).

Ethnic Background: (Optional)

- American Indian/Alaskan Native Black or African American Hispanic or Latino/a Multiracial
 Pacific Islander/Native Hawaiian Middle Eastern Asian White/Non-Hispanic Other:

Emergency Contact Information

Name:	Relationship:
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Cell Phone Number:	Emergency Contact Email:
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Health Information

Primary/Family Doctor:	Phone Number:
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Do you have any of the following? (Please check all that apply)

Allergies Back trouble Diabetes Disability
 Sinus Problems Heart Condition Heat exhaustion High Blood Pressure
 Medication Allergies Nose Bleeds Physical Handicap Food Allergies: _____
 Asthma/Other Respiratory Problems: _____ Other (please explain): _____

Do you need a special diet? Yes No - If yes, please describe:

Do you take any medications regularly? Yes No - If yes, list/explain:

NOTE: If any medications are needed, it is the responsibility of the participant to bring a complete supply of all needed prescriptions for the entirety of the trip along with a valid copy of your prescription with you.

Note: Immunization & other health & safety information was given to you in the Health & Safety Protocol document attached to your acceptance email.

Participant's Signature _____

Date _____