

Buena Vista University

Interim Travel Course Application

Personal Information:

Name _____ DOB _____ ID # _____

Gender: ___Male ___Female Circle one: 1st year 2nd year 3rd year 4th year 5th year

Citizenship: ___USA ___Other (please specify _____) Do you have a valid passport? Yes No

Campus Address: _____

Campus Telephone: _____ Major _____ CGPA _____

Permanent Address: _____

Course Information:

Time of Travel: Interim _____ May _____

Travel Course Destination: _____

Medical Release:

Because travel can be quite rigorous and demanding, we believe that only those students who are in good physical and mental health should plan to participate. For that reason, we ask that the student (or his/her parent/guardian if the student is under the age of 18) carefully read, then sign and date the following certification.

“I certify that I am in good physical and mental health and that I do not suffer from any special conditions which would prevent me from successfully taking part in the travel study course noted above. I further understand that, in the event of an emergency, BVU, or its representative(s), reserves the right to arrange medical treatment and/or notify my parent(s) or legal guardian for same. Further, I affirm that I will truthfully and fully complete the medical information form required by the university.”

Name (please print)

Student/Parent Signature

Date

Emergency Contact Information:

Please list two names of people we may contact in the case of an emergency. We will contact the first name listed unless they are unavailable and we will then attempt to contact the second contact person. Please print clearly.

Name: _____ Relationship: _____

Address: _____

Telephone (with area code): _____

Name: _____ Relationship: _____

Address: _____

Telephone (with area code): _____

Advisor's Recommendation

As this student's advisor, I _____endorse _____do not endorse his/her desire to enroll in the above mentioned travel course.

Advisor's name (please print) Advisor's signature Date

Disciplinary Status

As of the date of my signature, this student has not and does not have any disciplinary action taken via procedures outlined in the Student Handbook.

Assistant Dean of Students Signature Date

Submit completed application form to the Associate Dean of Faculty's Office - Dixon Eilers 107