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**STUDENT INFORMATION:**

Name: \_\_\_\_\_

Class of : \_\_\_\_\_ Last First M.I. Campus: \_\_\_\_\_ NSU ID: N \_\_\_\_\_

Email Address: \_\_\_\_\_@mysu.nova.edu Gender:  M  F Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

Mailing Address: \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_ City State Zip Country

Primary Number: ( ) - \_\_\_\_\_ Secondary Number ( ) - \_\_\_\_\_

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**PASSPORT INFORMATION:**

Name: \_\_\_\_\_

(Exactly as it appears on passport)

Passport Issued by: (All travelers must have a valid passport with unused pages (at least 2) and expiring after December 31, 2024. Students travelling on a non-US Passport may be required to get additional visas, at their own cost, to participate in the travel study program)

Passport Number Country of Issue Expiration Date

**Citizenship Status:**

United States Citizen  Permanent Resident  Student Visa/Other

Visa Type: (for international students) \_\_\_\_\_ Expiration date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

Note: International students must travel with a valid passport and I-20

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**EMERGENCY CONTACT INFORMATION:**

(List two persons with different addresses and telephone numbers)

1.

Name: \_\_\_\_\_

\_\_\_\_\_ Last First Relationship to You

Address: \_\_\_\_\_

\_\_\_\_\_ Street City State Zip

Primary Number: ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary Number ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_

2.

Name: \_\_\_\_\_

\_\_\_\_\_ Last First Relationship to You

Address: \_\_\_\_\_

\_\_\_\_\_ Street City State Zip

Primary Number: ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary Number ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_

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**ROOMMATE PREFERENCES:**

We will do our best to accommodate requests; however, not all requests can be met.

Name of preferred roommate and alternate:

1. \_\_\_\_\_ OR 2. \_\_\_\_\_

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**DIETARY NEEDS:**

No special diet       vegetarian      Food Allergies: \_\_\_\_\_

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**TRAVEL STUDY SHIRT:**

Please note that shirts are custom ordered based on your selection below. Be sure to choose your correct size.

Men:             SM    MD    LG    XL    XXL    XXXL

Women:         SM    MD    LG    XL    XXL    XXXL

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**OTHER:**

- i. Students must be in compliance with Nova Southeastern University, Barry and Judy Silverman College of Pharmacy's (NSU COP) immunization policies. Immunization records will be confirmed through the Office of Student Services.

I am in compliance with NSU COP immunization requirements:       Yes    No    Not Sure

- ii. Students must be in compliance with NSU financial policies and not have a financial hold on their account which prevents registration.

I am in compliance with NSU financial policies and do not have a financial hold which prevents registration:       Yes    No    Not Sure

If you answered **No** or **Not Sure** to any of these questions, contact the Office of Student Services (immunization) or the Office of Financial Aid (outstanding balance) and complete all outstanding requirements.

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### Statement of Understanding

**I understand** that the information provided here indicates my interest in the Travel Study Program and does not guarantee my selection as a participant in this program.

**I understand** that I may be withdrawn from the program at any time, after being notified of selection, if my conduct or academic status disqualifies me.

**I understand** that students with conduct code violations, in poor academic or in disciplinary sanctions, may not be eligible to attend the Travel Study Program.

**I understand** that students on a personal or medical leave of absence, dismissed, or suspended from the College are not eligible to apply for, or attend, the Travel Study Program.

**I affirm** that the information submitted is true and that I have read, understood, and comply with all requirements of the Travel Study Program.

My signature indicates my understanding and acceptance of the above statements and releases.

N

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NSU ID

Name (Please Print Clearly)

Signature

Date