



Northern  
Michigan  
University

**STUDY ABROAD PRE-DEPARTURE**

**INFORMATION FORM**

Office of International Programs – 145 Whitman Hall  
Northern Michigan University – Marquette, Michigan USA  
+ 011 (906) 227-2510 ✉ [iao@nmu.edu](mailto:iao@nmu.edu)

*This form MUST be on file in the Office of International Programs prior to your departure.  
Failure to return this completed form may result in holds on future University transactions.*

**STUDENT INFORMATION:**

Your Name (as it appears on your passport): \_\_\_\_\_  
 NMU I.N.: \_\_\_\_\_ Birthdate: (mm/dd/yyyy) \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ \* **Leave a copy of your passport photo page plus visa page(s) on file in the O.I.P.**  
 NMU E-mail address: \_\_\_\_\_ Your BLOG URL (if any): \_\_\_\_\_  
 Your personal overseas telephone (cell/mobile): \_\_\_\_\_

**PROGRAM DATES:** From (mm/dd/yyyy) \_\_\_\_\_ To \_\_\_\_\_  
**TRAVEL DATES:** From (mm/dd/yyyy) \_\_\_\_\_ To \_\_\_\_\_

*\* Leave a copy of your flight itinerary with the O.I.P.*

**SPONSORING U.S. ORGANIZATION OR UNIVERSITY:** \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Web Site: \_\_\_\_\_

**OVERSEAS PROGRAM INFORMATION:** \_\_\_\_\_  
*(Name of Host University and/or Program Offices in your host country)*

Contact Person/Director: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Telephone (include country code) \_\_\_\_\_ FAX: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**HOMESTAY or RESIDENCE INFORMATION** (Please complete this section only after you have complete information; do not leave blank)

Contact Person (if any): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**RESPONSIBLE U.S. CONTACT(S):** *By completing this section, you give the Office of International Programs permission to contact these persons in case of emergency.*

Name and Relationship: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**COMPLETE THIS FORM ON THE REVERSE PAGE**

**PERSONAL STATEMENT CONCERNING HEALTH AND WELFARE**

**Please read the following statement and sign your initials in the area indicated:**

I understand that while representatives of Northern Michigan University will make every effort to assist me in the event of an emergency, responsibility for my health, safety and welfare is mine alone. I am aware that the Office of International Programs, in orientation programs and in written pre-departure materials, recommends that I register with the U.S. Embassy or Consulate in my host country(ies), and that I take a variety of actions to avoid illness, injury, crime, terrorism, political disruption, and war. Your initials: \_\_\_\_\_ Today's date: \_\_\_\_\_

**EMERGENCY INFORMATION (Optional)**

Please supply any information you feel would be helpful in an emergency, in the event you were unable to communicate this information yourself.

Allergies (including drugs and type of reaction):

Prescription Medications (include dose/frequency):

Other Health Conditions or Concerns:

Name of Your Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

**NMU PHOTO/AUDIO/TEXTUAL/VIDEO RELEASE (Optional):**

I authorize Northern Michigan University to record my image/voice/text (or that of my minor child named on this form). I give NMU and any persons or entities acting in accordance with NMU's authority all rights to use these images/text. I understand that the images/text will be used for educational, advertising and promotional purposes in all conventional and electronic media, as well as any future media. I understand and agree that these images/recordings/text may be duplicated and/or distributed with or without charge, and/or altered in any matter without future/further compensation or liability.

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*(Must be signed by parent or legal guardian if subject is under 18 years of age.)*