## **SCC STUDY ABROAD APPLICATION**

There is a \$300.00 non-refundable deposit fee.

Submit the completed application to Dr. Liane She, Global Ed Coordinator SB 223, 704-991-0257, Ishe1167@stanly.edu

Spaces are limited, please apply early!

## PARTICIPANT DATA SHEET NOTE: Information you provide will be kept confidential.

FULL NAME AS IT APPEARS ON PASSPORT		
SCC Student I.D. #. (if applicable) _		
PASSPORT NUMBER	EXPIRATION DATE	
BIRTH DATE		
PHONE (HOME)	(WORK)	
FAX	_EMAIL	
HOME ADDRESS:		
EMERGENCY CONTACT:		
Person/s to contact in case of emergency:		
Name:	(Relationship)	
PHONE (HOME)	(WORK)	
(OTHER)	FAX	
EMAIL		
HOME ADDRESS:		

## Please answer the following questions:

	What do you expect to learn and experience from participation in this trip?
2.	List your international travel or residential experiences abroad.
3.	How can this trip help you meet your expectations?
differe willing	ip will be demanding with respect to time commitments, travel, respect for cultural nces and norms, willingness to go with the flow when the situation demands it, and ness to be patient in unfamiliar territory. The program will be physically demanding. You o be able to walk several miles without difficulty. You also need to be able to carry your own je.
4.	Is there any medical or other condition (including allergies) that might affect your ability to participate fully in this trip that the trip leaders should know about? If yes, please explain.
5.	Do you have any dietary restrictions that the trip leader should know about? If yes, please explain.
6.	Do you smoke? Yes No:
7.	Please include any other information about you that would be helpful to the trip leader:
	Participant Signature