

**MILLIKIN UNIVERSITY OFF CAMPUS PROGRAM INFORMATION FORM  
AND LIABILITY WAIVER**

Program: \_\_\_\_\_ Term & Year: \_\_\_\_\_ 20\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Nickname \_\_\_\_\_  
Gender (circle) Male Female  
Year studying abroad (circle) Fr So Jr Sr  
Major \_\_\_\_\_ Minor \_\_\_\_\_  
Advisor \_\_\_\_\_  
Campus Address: from \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_  
Campus Email Address \_\_\_\_\_

MU ID #: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Home Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION**

The following information is requested in order for us to be able to provide emergency or other needed assistance during the immersion. All this information will be kept confidential and only shared with Millikin's Public Safety and your Program Leader.

Are you currently being treated for any physical or emotional condition? Yes No  
(If yes, please explain)



