

**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)

