

# Castleton State College Travel Course Contact Information

Name of Course: \_\_\_\_\_ Place: \_\_\_\_\_

Professor/Leader \_\_\_\_\_ Travel Dates: \_\_\_\_\_

Mail the completed form to Associate Academic Dean Renny Harrigan, Woodruff Hall, Castleton State College, Castleton, VT 05735.

## APPLICANT INFORMATION

Name \_\_\_\_\_  
First Middle Last Nickname

Current standing  Sophomore  Junior  Senior

Expected date of graduation \_\_\_\_\_

Major \_\_\_\_\_

GPA \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_  
month/day/year

Student ID number \_\_\_\_\_

Country(ies) of citizenship \_\_\_\_\_

Place of birth \_\_\_\_\_  
city/state/country

Passport number \_\_\_\_\_

Valid until \_\_\_\_\_

## OPTIONAL INFORMATION

Please indicate racial/ethnic background by checking all that apply.

Asian/Pacific Islander  White/non-Latina(o)

American Indian/Alaska native

Multiracial (specify) \_\_\_\_\_

Black, non-Latina(o)

Other (specify) \_\_\_\_\_

Latina(o)  Prefer not to answer

## PERMANENT ADDRESS

\_\_\_\_\_ street

\_\_\_\_\_

city state postal code

Telephone \_\_\_\_\_  
area code

\*Primary (year-round) email \_\_\_\_\_

\*Secondary email \_\_\_\_\_

## CURRENT/SCHOOL ADDRESS

\_\_\_\_\_ street

\_\_\_\_\_

city state postal code

Dates to use this address for mailing \_\_\_\_\_

Telephone \_\_\_\_\_  
area code

## MEDICAL INSURANCE INFORMATION

Company \_\_\_\_\_

Name of insured \_\_\_\_\_

Number \_\_\_\_\_

## PARENT/GUARDIAN #1

Mr.  Ms.  Mrs. Other \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last Nickname

Address \_\_\_\_\_  
street

\_\_\_\_\_

city state postal code

Home telephone \_\_\_\_\_  
area code

Business telephone \_\_\_\_\_  
area code

\*Email \_\_\_\_\_

## PARENT/GUARDIAN #2

Mr.  Ms.  Mrs. Other \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last Nickname

Address \_\_\_\_\_  
street

\_\_\_\_\_

city state postal code

Home telephone \_\_\_\_\_  
area code

Business telephone \_\_\_\_\_  
area code

\*Email \_\_\_\_\_

**Please note that we communicate primarily by email.**

I know that my names will also be submitted to Greg Stone, Dean of Student Affairs, to verify that I am a student in good standing.

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