

Step 2: Student Emergency Contact Information

1. Student Name _____ PSU ID _____

2. Emergency Contact Information

Please give two contacts at different addresses. By providing PSU with the names of these individuals, you are also giving PSU permission to communicate personal health and safety information to them, if the need arises. Student's initials _____

a. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

b. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

3. Survey Information

How did you first hear about this opportunity to study abroad?

Faculty PSU website Friends other

What foreign language(s) have you studied, for how long and at what level (high school, college, language institute, etc.)?

Optional: In an effort to increase participation of students from a diversity of backgrounds and experiences, PSU collects the following information about applicants. This information is requested on a voluntary basis and will be used for demographic analysis only, in accordance with applicable federal and state laws. All information is kept confidential and will not be used in consideration of program participation or funding decisions.

Race/Ethnic Group(s): American Indian _____ Asian or Pacific Islander _____
African American, non-Hispanic _____ Hispanic American _____ White, non-Hispanic _____
Other (please specify) _____

Do you have a disability? _____ Please describe.
