STUDENT EMERGENCY CONTACT INFORMATION:

College-Sponsored International Student Travel



Full Name (as it appear	rs in your pass	oort):				
Sex (as it appears in yo	ur passport):	Male	Female			
Date of Birth (month/d	ate/year):					
WAC email address: _				Is this your primary email? Yes	No	
Personal email address	:			Is this your primary email? Yes	No	
Phone number where y	ou can be reac	hed:				
Passport Number: Expiration Date:						
If you have a secondary	y passport for t	ravel, please	list the country, p	assport number, and expiration date be	low:	
Emergency Contact 1:						
Relationship to you (i.e	., mother, fath	er, brother, gr	andparent):			
Cell phone:			Work phone:			
Home phone:			Email address:			
Contact 2:						
Cell phone:			Work phone:			
Home phone:	me phone:		Email add	Email address:		
• •	•		•	horities of Washington College or anot tion of rules, regulations or laws?	her academic	
Yes No	_ Are you cu	urrently on pro	obation? Yes	No		
If you answered "yes" infraction.	above, please ł	be prepared to	have a discussion	n with the Faculty Program Leader rega	arding the	
	on College Auth	orities and/or	civil authorities af	eader of the short-term program any charg ter submission of this document. I underst in this program.		
Signature:		Date:				

Washington College Global Education Office 409 Washington Avenue, Chestertown, MD 21620 geo@washcoll.edu 410-778-7100