



Dear Faculty,

Thank you for your excellent work in putting together your study abroad program! There are just a few more hurdles before you get on that plane!

Please complete the pages in this packet thoroughly and neatly. These forms are vital for our support of your program while you are overseas.

The forms included in the Study Abroad Participation Agreement are:

- Faculty information
- Emergency Contacts
- Copy of United States Passport (include your photo)
- Medical Report

Please note that all of these forms must be completed and returned to the Direcotr prior to departure or submitted at a pre-departure meeting. Please feel free to call 847-925-6429 or email internatioanled@harpercollege.edu should you have any questions. Thank you and we wish you a wonderful study abroad experience!

Sincerely,

Richard F. Johnson Director, Office of International Education



Faculty Information Name Address Home Phone Cell Phone E-mail Date/City/State/Country of Birth Passport Number Do you have a passport from a country other than the US? Yes No Program Destination _____ Spring 201____ Summer 201____ Term/Year Abroad Fall 201____



Emergency Contacts for			
Faculty Name			
participation in a Harp	sted below will be used only in case of emergency and is limited to the duration of your er College International Studies and Programs sponsored program. Please note: the d will only be contacted if efforts to contact the first contact are not successful.		
Relationship to you			
Address			
Home Phone			
Work Phone			
Cell Phone			
E-mail			
Second Contact Name			
Relationship to you			
Address			
Home Phone			
Work Phone			
Cell Phone			
E-mail			



Copy of United States Passport for _	
	Faculty Name

Please include a photocopy of your United States Passport on this blank sheet upon submission of these documents (include your photograph).



Medical Report for	
Faculty Name	
Harper College requires that all faculty discuss with their physicia and get advice for managing their physical and emotional health their health conditions (allergies, disabilities, psychological treatmeds) with their physician, and seriously consider their ability to	while in another country. They should discuss nent, dietary requirements, and medical
Instructions to Medical Professional (to be filled in by faculty	():
	vill be leading a short-term study abroad
Program in Harper Collection Name of country his/her primary care physician to discuss his/her participation in the abroad experience, the faculty leader is expected to be able to er primarily of walking, possibly steep inclines. We are asking that yhim/her and discuss the advisability of his/her participation, including immunizations.	his program. During this short-term study ngage in moderate exercise, consisting you review his/her medical history with
To be completed by Medical Professional:	
I have reviewed the most current health information with	, and believe s/he is
capable of leading an overseas study program to	As this individual's medical
professional, should I have concerns about success or ability to the	ravel abroad, I will withhold my approval until
such time that it seems medically-appropriate for him/her to trave	I overseas.
Physician's Signature	Date
Name (please print)	Title
Address	Phone
Physician's Stamp:	