

# Foreign Travel Participant List

## Course Information

Semester / Year :	
Course Name :	
City / Country Destination :	
Course Number :	
U.S. Departure Date :	
U.S. Return Date :	

Faculty Name :	
College / Dept. Name :	
Email Address :	
Work Extension :	
Fax Number :	

	Last Name	First Name	MI	Status †	Campus ID	Emergency Contact	Relationship	Home Phone	Work Phone	Cell Phone
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

*For additional participants, please prepare and submit a second form.*

SRM Received: \_\_\_\_\_

FTLIP Requested: \_\_\_\_\_

† Participant Status - For insurance purposes, please note if participant is an employee, student, chaperone, or other participant of the trip.