

UNIVERSITY OF WISCONSIN SHEBOYGAN  
PARTICIPATION IN MARCH 2010 STUDY ABROAD TRIP TO SCOTLAND AND WALES  
**APPLICATION FORM**

This form **must** be completed and accompanied by a deposit of \$750.00 per individual who would want to participate in the March 18 - 27, 2010 trip to Scotland and Wales. Please send in one current photo of yourself and a **copy** of your passport. Complete this form and submit to the Office of Continuing Education, UW-Sheboygan, One University Drive, Sheboygan, WI 53081. Thank you!

**Please print your full legal name EXACTLY as it will appear on your passport. This name will be used on your airline tickets and MUST MATCH YOUR PASSPORT.**

Do you have a passport\_\_\_\_\_? What is the expiration date on the passport?\_\_\_\_\_. Passport applications are available on this website: [www.expertvisa.com](http://www.expertvisa.com) or at the local post office. **Allow a minimum of 3 months to get a passport** or to update your passport if it is within 8 months of expiring.

Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
(First) (Middle) (Last) (M/F)

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Citizenship \_\_\_\_\_ Are you a UW-Sheboygan Student? \_\_\_\_\_

**Do you plan to enroll in \_\_\_\_\_ HIS or \_\_\_\_\_ ENG 290 to earn one credit for this travel study? If yes, please check your intended course above and fill out the attached forms.** All participants are invited to attend lectures given mornings right after breakfast by faculty of UW-Sheboygan.

**Payment:**

Amount enclosed or authorized \_\_\_\_\_ Check # \_\_\_\_\_ or VISA \_\_\_\_\_ MasterCard \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Three Digit Credit Card Security Code# \_\_\_\_ \_\_\_\_ \_\_\_\_ on back of card.

Cardholder Name \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

**Health History** - If you have a health issue that we should be aware of for your safety and our being able to assist please let us know here:  
\_\_\_\_\_

**EMERGENCY CONTACT:**

Name of parent, guardian, spouse or closest relative **who will not be going on the trip:**  
\_\_\_\_\_

Contact's Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact's Day Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_) \_\_\_\_\_

Name of person you prefer as your hotel roommate (this person must fill out an Application Form and submit a deposit naming you as roommate before the trip is sold out). There is an additional \$500.00 fee (based on current currency exchange) for a single room reservation. Please print name: \_\_\_\_\_

I do not have a roommate but if one is available I would like to be matched with one \_\_\_\_\_

I have read and understand the cancellation policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_