



Bluefield State College

Study Abroad Student Personal and Emergency Contact Information Form

Student Last Name: _____

Student First name: _____

Gender: _____

Student ID Number: _____

Current Academic Major: _____ Current GPA: _____

Class level (circle one): Freshman Sophomore Junior Senior

Program Sponsor: _____

Program Name: _____

Host Country: _____

Program Duration (starting and ending dates): _____

Name and emergency contact information for two individuals (with different addresses and phone numbers)

Last Name:	
First Name:	
Relationship to you:	E-mail:
Address:	
Phone	Alternate phone:
First Name:	
Last Name:	
Relationship to you:	E-mail:
Address:	
Phone:	Alternate phone:

In case of an emergency, I hereby grant permission to the Center for International Programs to contact the individuals listed above and to release any pertinent information to them.

Student signature: _____ Date: _____