

**APPLICATION TO TAKE AN INTERNATIONAL TRAVEL COURSE
Virginia Western Community College**

Name _____ Social Security Number _____

Address _____

Telephone Numbers: Home _____ Work _____

e-mail address _____

Passport number: _____ Date of expiration _____

(Note: passports must be obtained 45 days or longer before travel. In the event of an emergency, contact your Local Congressman or Senator.)

Are you currently enrolled at VWCC? ___Yes ___No If not, are you currently enrolled in any college or university? (Give name, location, and dates of attendance)

List the name, address, and telephone number of three people who could be contacted in case of emergency. Please note, that by providing this information, you hereby give Virginia Western Community College, its agents and employees, the right to release information to these individuals concerning any aspect of this trip and the associated course without having to obtain any further permission from you.

1. Name _____
Address _____
Telephone number _____ Relationship _____

2. Name _____
Address _____
Telephone number _____ Relationship _____

3. Name _____
Address _____
Telephone number _____ Relationship _____

Attach a brief statement discussing what you expect to learn by taking this course.

Have a faculty member other than the faculty sponsoring the trip write a short letter recommending that you be allowed to take the course and stating how the course will be of educational value to you.

Applicant's Signature _____ Date _____