PRE-DEPARTURE CHECKLIST Please complete and return the following forms:				
	STUDENT INFORMATION SHEET (Only if you earn academic credit while abroad)			
	ABSENTIA FORM (attach list of courses abroad) Obtain all signatures and return to Registrar by 1:30pm on or before the last day of MC semester term			
	INTERNATIONAL TRAVEL INFORMATION Return to World Studies Office before you leave campus			
	'ACKNOWLEDGEMENT OF RISKS' FORM Return to World Studies Office before you leave campus			
	HEALTH CLEARANCE FORM Return to World Studies Office before you leave campus			
	CONTACT INFORMATION Submit to World Studies Office before you leave campus			
	PHOTOCOPY OF PASSPORT			

Student Information Sheet

The following information is kept on record in the World Studies Office and used to report statistics to Open Doors, a national survey on study abroad. This form is to be completed ONLY if you will earn academic credit for your time abroad, including trips as part of a course, AND you are a matriculated student.

Name:	1	Date:
Program:		en e
	Stay:	· ·
		1
Current C	lass Level: FR SO JR SR	
, Sex: MAI	LE FEMALE .	
Host Cour	ntry:	•
	·	/
	d of Study: (please check all applicable	boxes)
	Fine or Applied Arts	
	. Turria iliaoo	
🗖	0001011000	
		•
	main of compation colorioco	
	,	
	Other:	
Ethnicity/F	Race: (Optional)	
	Native American/Alaskan Native	.0
	Multiracial	
Vill you be	participating in an Internship or Worl	k experience abroad? YES NO
Vill vou be	receiving Financial Aid:	
you bu	Federal	
	State	
	Institutional Need based	
	Institutional Merit based	

Study Abroad Contact Information This information will be used only for Marlboro College communication purposes Summer e-mail address: Summer mailing address: Abroad e-mail address: Abroad mailing address: Study Abroad File Completion Commitment In accordance with Marlboro College and the World Studies Office, it is required that all students complete their file before leaving campus at the end of the semester. All files of MC students who will be studying abroad on absentia will be kept in the World Studies Office. It is essential that all information is accurate and up-to-date. Please note that the following forms will be held on file: • Student Information Sheet-• International Travel Information • Acknowledgement of Risks • Health Clearance Contact Information Photocopy of Passport If for any reason these forms are incomplete, it is the responsibility of the student to provide that information, in a timely manner, to the World Studies Office. I understand and agree to complete my file in the most timely fashion and upon knowledge of missing information. Signature:

Date:

Acknowledgement of Risks, Release of Claims and Waivers of Liability

	The Corporation of Marlboro College, Marlboro VT 05344 USA	
Name:		
Country of Destir	nation: Dates of Stay:	
Though The Corpassume any respeducational expe	risks to personal health and safety are associated with international travel and residence in a foreign poration of Marlboro College ("Marlboro College") requires health and safety orientation, it cannot eleponsibility for the health and safety of participants while overseas. You should not participate in an orience unless you are willing to accept associated risks. sign, and return this form to the World Studies Office and attach a completed itinerary form tact sheet before you depart for your overseas destination.	liminate risk nor overseas
risks may communi disasters dangers r	stand that there are inherent risks associated with international travel and residence in a foreign co include, but are not limited too, problems with unfamiliar customs and laws, unreliable transportations, exposure to potentially serious health and safety hazards such as: transportation accidents, infectious diseases, inadequate medical care, armed insurrections, and terrorist activities. I understand that Markharo College can assume no responsibility for my personal health, and safety while a	on and s, natural stand that these , or loss of life.
	stand that Marlboro College can assume no responsibility for my personal health and safety while a ion in this study and travel experience is voluntary and I assume all risks incurred therewith.	broad. My
executors of any na and coop executors suffer as a Marlboro	ideration of Marlboro College's sponsorship of my study and travel abroad, I hereby, for myself and a sadministrators, successors and assigns, waive and release any and all rights, claims actions or cature I may have against Marlboro College and any of its affiliates, subsidiaries, chapters, assignees erating entities, and any of their officers, directors, employees, agents and representatives, and the squaministrators, successors, and assigns, for any and all injuries, damages, or losses of any nature a result of, occurring, growing out of, incidental to, or resulting directly or indirectly from my participation. College sponsored study and travel abroad. I will not hold Marlboro College responsible for any injury, or losses incurred by me as a result of my participation in Marlboro College sponsored study and the	ause of action , licensees, ir heirs, e that I may ation in uries,
٥	I have participated in the mandatory health and safety briefing prior to this trip – Initial here	- .
• I have r	ead and understood the following documents pertaining to my international trip:	
_ _ _	CDC Health Information – Initial here U.S. State Department Consular Information Sheet – Initial here Safety and Security handout – Initial here	
My signature belo study and travel a	ow constitutes my certification that my physician has approved my participation in Marlboro College abroad.	sponsored
l have read and u	nderstood the above and agree to abide by its terms.	
Signature	Date	_
The undersigned pa	Required if student is under 18 years at the beginning of program) arent or legal guardian of the above-named student, a minor, hereby consents to the participation of said student orogram, subject to the terms set forth above.	nt in the
		

International Travel Information

THIS FORM MUST BE FILLED OUT AND RETURNED TO THE WORLD STUDIES OFFICE FOR ALL COLLEGE SPONSORED INTERNATIONAL TRAVEL. Date: (For aroup trips only one copy of this form is necessary. Individuals traveling separately from the group should complete a separate itinerary.) Departure information: Departing from: _____ Date: ____ Time: ____ By: _ Airline/flight #. College van, car, train Airport: ______ Airline: _____ Flight #: _____ Date: _____ Time: _____ Airport 2: ______ Airline: _____ Flight #: _____ Date: _____ Time: _____ Airport 3: _____ Airline: ____ Flight #: ____ Date: ____ Time: ____ City of Arrival: _____ Arrival Date: Arrival Time: Itinerary: Dates: _____ Location: _____ Contact Info*: Dates: _____ Location: ____ Contact Info: * Phone number, e-mail, hotel name, etc. Return Information:

Departing from:

Date:

Time:

By:

Airline/flight #, College van, car, train

Airport:

Airport 2:

Airline:

Flight #:

Date:

Time:

Airport 3:

Airline:

Flight #:

Date:

Time:

Airport 3:

Airline:

Airline:

Arrival Date:

Arrival Time:

MARLBORO COLLEGE EXTENDED FIELD TRIP HEALTH CLEARANCE FORM

This form must be returned to World Studies Office, OP, or other trip leader by the following date______

Name:		D.O.B			
Emergency Contacts					
Primary Contact:]	Relation: Work:		
Home Phone:	Cell:		Work:		
Secondary Contact:			Relation: Vork:		
Home Phone:	Cell:		Vork:		
Primary Insurance Information only insurance)		insurance info			
Insurance Company:		Phone N	fumber:		
Address:		Certificat	te/ID Number:		
Policy or Group Number:					
Itinerary of Trip					
Location	City/Rural				
1.					
2. 3					
3 4	· · · · · · · · · · · · · · · · · · ·		 		
4 5					
	 	· · · · · · · · · · · · · · · · · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>		
维金金属 医甲基甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲					
Trip participant must bri this section	ng this form to the D	irector of Hea	lth Services to complet		
Pulse: Bloo	d Dreccure				
ruiseDioo	u Fressure.				
Allergies/Reactions/Recom	mendations				
1.					
			Land to the second of the seco		
3					

Current Medications/Reason for	taking			
1.	_			
2.				
3.				
4.				·
Medical/Psychological/Disabilit	ty history:			· · · · · · · · · · · · · · · · · · ·
		<u></u>		
Dietary Restrictions/Concerns:				
			•	•
Recommendations for travel:				
Malaria recommendations:				
Mararia recommendations.				
Immunization history:			•	
Immunizations	Dates r	eceived		CDC recommendation
			· · · · · · · · · · · · · · · · · · ·	
DPT/Tetanus				
Hepatitis A				
Hepatitis B	#1	#2	#3	
Influenza				
Japanese Encephalitis	#1	#2	#3	
Measles	#1	#2		
Meningococcol				
Mumps				
Polio (primary series of 3 boosters)	OPV	IP	V .	
PPD (give results)				
Rabies	#1	#2	#3	
Rubella (or titer)				
Twinrix	#1	#2	#3	
Typhoid	Oral		Injectable	
Varicella	Illness	V	accine #1	#2
Yellow Fever				
Signature of Director of Healt	Date			

THIS FORM MUST BE ACCOMPANIED BY A SIGNED RELEASE FORM FROM THE TOTAL HEALTH CENTER AUTHORIZING THE THC TO SHARE INFORMATION WITH TRIP LEADERS, DEAN OF STUDENTS, WORLD STUDIES OFFICE, IN CASE OF AN EMERGENCY AND/OR TRIP SAFETY CONCERNS.