

# International Education Bio-Data Form for International Field Experience Group Leader

Rev. 9/2/05

(Please attach photo of yourself with face approx. 1" long; may be any type of picture.)



Knowledge to Go Places

Office of International Education  
1024 Campus Delivery  
Fort Collins, CO 80523-1024  
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Fax (970) 491-5501  
[www.colostate.edu](http://www.colostate.edu)  
intlled@colostate.edu

## Personal Information

Name: \_\_\_\_\_  
*First MI Last*

Date of Birth: \_\_\_\_\_  
*Month Day Year*

Marital Status:  Single  Married  Other

Ethnicity: (optional) \_\_\_\_\_

Gender:  Male  Female

Colorado Resident:  Yes  No

Country of Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Place Issued: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Important!** You are responsible for notifying OIE in writing within 10-days of any change in address, phone or email (intlled@colostate.edu).

## Academic Information

Highest Degree Obtained: \_\_\_\_\_

Department: \_\_\_\_\_

Areas of Specialization: \_\_\_\_\_

## Field Experience Program Information

Program Name: \_\_\_\_\_

Host Country: \_\_\_\_\_

Host City: \_\_\_\_\_

Date of Program From: \_\_\_\_\_ To: \_\_\_\_\_

## Health Considerations

**Please read and initial the following statement:** The stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. If you have a physical or psychological condition for which you are currently receiving treatment, or have received treatment in the past, it is important that you share this information with your program advisor and that you meet with your physician or counselor to discuss how international work and travel could affect your medical condition. Addressing your health issues prior to traveling abroad will help you to identify those resources that will and will not be available at your program site. I also understand that I must get all necessary immunizations and medications recommended by my physician or the travel clinic in the County Health Department prior to traveling.

Initials: \_\_\_\_\_

**Release:** Please Complete and Sign

**1. General Release**

I, \_\_\_\_\_ consent to the release of photographs or other personally identifiable information held by Colorado State University as a result of my participation in this CSU program abroad, including but not limited to:

**2. Release of Information to Others**

If you wish for International Education to be able to discuss any of the topics listed below with other designated individuals, you **must** provide permission for us to do so in writing.

I give my consent to the Office of International Education at Colorado State University to release the following personally identifiable information from my education record to the persons listed below, for the purpose of keeping these persons advised of my financial, health and academic affairs while I am abroad.

(Check all that apply):

- health information (in the event of a serious mental or physical health condition or emergency and the OIE is contacted by my program abroad);
- specific program information.

	<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1.			
2.			
3.			

This consent will remain effect for three years from the date of signature unless I provide OIE with a written revocation of this consent.

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

I understand that I am participating in this program voluntarily, and that by doing so I agree to abide by all rules and regulations that pertain to students and employees of Colorado State University, and to follow instructions and guidelines from the group leader through the entire duration of the official program.

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

**E-Mail Requirement:**

Participants/students in programs abroad **are required** to have an active CSU eID or email address. All program communication from IE will be sent to the e-mail address associated with your eID. Because program information is often time sensitive, you are expected to check your e-mail daily and to keep your eID e-mail address up-to-date. (If the e-mail address listed on the front of this application is not currently associated with your eID, please go to the eID website to update your account: [www.eid.colostate.edu](http://www.eid.colostate.edu).)

**Initials:** \_\_\_\_\_

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Background Check**

Your participation in the program abroad may require a legal background clearance. The Colorado State University Police Department will perform or refer you to an organization that will do a background check for a fee, if required. As a participant, you will be responsible for paying this fee.

**>If you are a student, complete this for the period of time since you have enrolled at CSU \_\_\_\_\_ :**

- Have you been charged with a misdemeanor?  yes  no
- If yes, were you convicted?  yes  no
- Have you ever been charged with a felony?  yes  no
- If yes, were you convicted?  yes  no

If you have answered yes to any of these questions, please attach a letter of explanation with your biodata. This will be kept confidential.

**Signature:** \_\_\_\_\_

**Agreement:**

I certify that the information submitted on this form as given above is true and complete. I understand that as a participant in the program abroad I shall be subject to certain rules and requirements of this University and of cooperating organizations, which I agree to fulfill in all respects, subject to immediate dismissal from the program if I do not do so. I agree to assume financial responsibility for the program fees and for my own welfare while abroad. I understand that the Office of International Education reserves the right to cancel, alter or amend any part of any program or to increase charges should circumstances make these actions advisable or necessary.

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