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Travel Registration Form

The International Activities Office at Saint Mary's University is committed to protecting the privacy of individuals.

The personal information requested in this form will be used only by office staff in responding to emergency situations and will not be released to any third party without your consent.

International Activities Office
Tel: 1-902-420-5177
international.activities@smu.ca

Name: _____ **Project/Program:** _____
(Please print your name as shown on passport) (e. g. exchange, thesis research, field study, other, etc.)

Please attach a photocopy of the photo page of your passport.

<p>Status: Please check</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Faculty</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Community member</p>	<p>Destination: _____</p> <p>Dates outside of Canada: _____</p> <p>_____</p>
<p>In case of emergency the University can contact this person for or with information about me (i.e. your parent, guardian, a relative in the host country if any, etc.):</p> <p>Name: _____</p> <p>E-mail: _____</p> <p>Tel: (h) _____ (w) _____ (c) _____</p> <p>Name: _____</p> <p>E-mail: _____</p> <p>Tel: (h) _____ (w) _____ (c) _____</p>	<p>Contact while I am outside of Canada (your own contact information in the host country, such as your e-mail, telephone at your accommodation if known, on-site advisor/coordinator through whom we can get in touch with you):</p> <p>_____</p> <p>_____</p> <p>Name: _____</p> <p>E-mail: _____</p> <p>Tel: (h) _____ (w) _____ (c) _____</p>

◆ I authorize the release of this personal information by the staff of Saint Mary's International Activities Office to Consular officials or to other relevant administrative offices in the University in the case of an emergency.

◆ I authorize the retention of this information on file for the duration of my involvement with the project.

Signature: _____ Date: _____