

INTRODUCTION TO THE ECOSYSTEM OF THE GULF OF EILAT: CORAL REEF AND SUBTROPICAL SEA (MARI/OCEA 3685.03) Application Form

Name

Student ID

Phone

E-mail

Mailing Address

Degree Program

Major

Year of Study

GPA

Please list any other relevant training (eg. *First Aid, Dive Certification*)

Relevant courses completed (eg. *Biol, Ocea, Stat, Chem, Geog*)

Why do you want to take this course? *(less than 500 words)*

Why do you think you're a good candidate for this course? *(less than 500 words)*

Are there any issues that may make international travel to Israel difficult for you?

Is there anything else we should know?

Please attach your CV and most recent academic transcript (official or unofficial)

INTRODUCTION TO THE ECOSYSTEM OF THE GULF OF EILAT: CORAL REEF AND SUBTROPICAL SEA (MARI/OCEA 3685.03) Medical Info Form

Information on this form will be used only for medical purposes in the case of an emergency on this trip only. This form will be destroyed at the end of the trip. Please use additional paper if required.

Full Name (exactly as listed on passport)

Nationality

Passport Number

Expiration Date

Home and School Mailing Addresses

Emergency Contact(s) (Please list more than one if necessary)

Name and Relationship to you

Phone

Home address

Medical Insurance Information

Medical Insurance Company and Policy Number

Primary Care Physician and Phone Number

Allergies

Do you have any allergies? If so, please indicate what they are and how serious the reactivation: (penicillin, insect stings, peanut butter, etc.)

Allergy:	Severity of Reaction:	Medication
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Allergy:	Severity of Reaction:	Medication
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Do you have any dietary needs?

Medical Conditions

Do you have any medical conditions that could impact your participation in the trip or which otherwise requires special precautions or treatment?

If yes, please list these and what you may require in the event of a medical emergency.

Please list any medications which may need to be taken in the event of a medical emergency and describe procedures for administering medication(s):

Other health issues we should be aware of?

I certify that the above information is correct and complete to the best of my knowledge.

SIGNATURE:

DATE: