



College:
Course Title:
Program Destination:
Dates of Trip:

Faculty Emergency Contacts: _____

Emergency Contact Info for
Hotel Name, Phone No., Email Address in
Destination Country: _____

Short-Term Study Abroad PARTICIPANT LIST

| Participant Name | In case of Emergency call Name/Relationship to Participant | Phone number |
|------------------|---|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 18. | | |
| 19. | | |
| 20. | | |
| 21. | | |
| 22. | | |
| 23. | | |
| 24. | | |
| 25. | | |
| 26. | | |