

Health Information

Health Insurance Provider:

Do you have any illnesses or conditions that require daily, frequent, or periodic attention or medication?

Yes No

If so, list and note required prescription and dosages:

Do you have any allergies to food or medication? Yes No

If yes, list:

Registration

Participant Status

(Check one)

- Matriculated undergraduate student
- Matriculated graduate student
- Non-matriculated undergraduate student
- Non-matriculated graduate student
- Visiting student (matriculated at another university)
- Full-time Kean University Employee
- External Participant

GPA:

Course Credits Completed:

Major:

Minor:

Will you seek Financial Aid to put towards the program cost? Yes No

If yes, you will need to complete the agreement authorization

Will you register for the related academic course? Yes No

If yes, check appropriate box and provide course code. Note that students are responsible for registering for the course(s) via Kean Wise

Undergraduate course number(s):

Graduate course number(s):

Academic Advisor Approval

This student has met the requirements to register for the above Travelearn - related course(s)

Signature:

Date:

Name:

Department: