

STUDY ABROAD AND EXCHANGE PROGRAMS  
PERSONAL INFORMATION FORM

**This form MUST be completed prior to departure.  
Include a copy of your passport, insurance policy and travel itinerary.**

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COURSE: \_\_\_\_\_ FACULTY: \_\_\_\_\_

TRAVEL/HEALTH INSURANCE COMPANY: \_\_\_\_\_

POLICY NO: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ PASSPORT NO: \_\_\_\_\_

EMERGENCY CONTACT DETAILS:

The person to contact in case of emergency is:

NAME: \_\_\_\_\_

THEIR RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Do you consent to your email being given out to other Deakin students who may have questions about your exchange experience at your Host University?

- YES  
 NO

PLEASE SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please complete and return this form to:*

Study Abroad & Exchange  
Deakin University  
Building C, room 1.05  
Postal address: 221 Burwood Highway, Burwood VIC 3125  
Fax: 9251 7754