

Please describe _____

List countries visited _____

Do you have a medical insurance policy covering foreign travel? Yes _____ No _____

If yes, please list company name and policy number _____

Any medical condition(s) we should know about? (i.e. allergies) _____

Do you have a special diet? (i.e. vegetarian) _____

I certify that the statements contained in this application are correct.

(Signature of applicant)

(Date)

Return this form to:

Prof. Carlo Sclafani
Westchester Community College
75 Grasslands Road
Valhalla, NY 10595

FOR OFFICE USE ONLY

	Amount	Date Rec'd / Rec'd by
Application fee	_____	_____
Deposit	_____	_____
Tuition	_____	_____
Program Balance	_____	_____
Other	_____	_____
Name _____		