

**SCHOOL OF PUBLIC HEALTH AND HEALTH PROFESSIONS
UNIVERSITY AT BUFFALO
INTERNATIONAL EXPERIENCE FOR EDUCATION, RESEARCH OR SERVICE
REGISTRATION FORM**

All students in the School of Public Health and Health Professions at the University at Buffalo who plan to participate in an educational, research or service experience undertaken outside of the United States (excepting those specified in the SPHHP Policy on International Travel) under the auspices of UB and/or the School of Public Health and Health Professions must register with the SPHHP Dean's Office no later than two months prior to departure. Please complete and return this form to the Dean's Office, 417 Kimball, when you have arranged an international rotation and confirmed your plans to participate.

Please type or print.

Name: _____ UB Person Number: _____
E-Mail Address: _____ Local/Cell Phone: _____
Program Location for International Rotation (city, country): _____
Other countries you plan to visit if any: _____

Departure Date: _____ Return Date: _____
Month/Day/Year Month/Day/Year

I will be registering for the following course/credit for this rotation:

Department Abbreviation/Course Number

International Supervisor:

Name: _____ Phone: _____
Mailing Address: _____ Fax: _____

E-mail address: _____

Supervising Faculty Member, University at Buffalo:

Name: _____ Phone: _____
Department: _____ E-mail address: _____

EMERGENCY INFORMATION RELEASE:

Yes, I give my authorization for the UB SPHHP office to release information about my participation in this experience to my parent(s)/guardian(s)/family in the event of an emergency.

Name(s): _____ Relationship to you: _____
Address: _____ Daytime Phone: _____

Evening Phone: _____

E-Mail Address: _____

No, I do not wish to give my authorization to release information to anyone.

Signature: _____ Date: _____

**Return completed form to:
SPHHP Dean's Office
c/o Veronica Meyers, 417 Kimball Tower, South campus**