

Long Beach City College
2010 Short-Term Study Abroad Trip Application Form

Your Name (as it appears on your passport): _____

Address: _____

Email address: _____

Phone number:

Cell: _____

Home: _____

Gender: _____ Female _____ Male

Do you have health insurance? _____ Yes _____ No

Country of Citizenship _____

Do you hold a valid U.S. passport? _____ Yes _____ No

If not, have you applied for one? _____ Yes _____ No

Have you traveled outside the U.S. before? _____ Yes _____ No

If yes, where?

Which course do you plan to take?

_____ Philosophy 6 (Intro to Phil.) _____ Philosophy 8 (Intro to Non-Western Phil.)

What do you expect to learn from this trip?

Two course related meetings prior to departure will be required. Two or three trip-related meetings will also be required. Are you willing to attend the meetings? _____ Yes _____ No

Note: A \$250 **non-refundable** deposit is required to secure your spot on this trip. In addition, you must have proof of health insurance by the departure date to attend this trip.

I certify that all of the above information is correct.

Date: _____

Please return to Debbie Whittaker by email at teachphilo@yahoo.com or in person in room T2354 at Long Beach City College. Office phone number is: (562) 938-4829.