

## International Experience Registration Form

All students at the University at Buffalo who plan to participate in an educational, research or service experience undertaken outside of the United States under the auspices of UB and/or the Community for Global Health Equity must register with the Community for Global Health Equity no later than two months prior to departure. Please complete and return this form to 220 Hayes Hall when you have arranged an international rotation and confirmed your plans to participate.

**Please type or print.**

Name:	UB Person Number:
E-Mail Address:	Cell Phone:
Program Location for International Rotation (city, country):	
Other countries you plan to visit if any:	
Departure Date:	Return Date:
I will be registering for the following course/credit for this rotation:	
Department Abbreviation/Course Number:	
<b>International Supervisor</b>	
Name:	Phone:
Mailing Address:	Fax:
	E-mail address:
<b>Supervising Faculty Member, University at Buffalo</b>	
Name:	Phone:
Department:	E-mail address:

Emergency Information Release:

- Yes, I give my authorization for the UB CGHE 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:**  
**Community for Global Health Equity**  
**C/o Jessica Scates 218 Hayes Hall**  
**University at Buffalo, South Campus**