

Bioethics/Case Western Reserve University  
INTERNATIONAL COURSE APPLICATION

Please return forms/passport copies to Michelle Champoir ([mln10@case.edu](mailto:mln10@case.edu)). You may e-mail them, drop them off at Room TA200, School of Medicine (first floor, opposite main elevator), or mail them to Michelle Champoir, Department of Bioethics, Case Western Reserve University, 10900 Euclid Avenue, Cleveland OH 44106-4976. Please send your non-refundable \$250 deposit and all future payments to Beth Sanders-blevans ([bas@case.edu](mailto:bas@case.edu)) at the same address. All checks or money orders must be made payable to Case Western Reserve University. We do not accept credit cards.

Deposit will be turned in on (date): \_\_\_\_\_ **Deposit holds your spot!**

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Program (country): \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Student ID (7 digits): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:      Male      Female

Current address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Academic Program: Graduate (concentration): \_\_\_\_\_

Undergraduate:    Freshman              Sophomore              Junior              Senior

Undergraduate major: \_\_\_\_\_

Do you have a passport?              Yes              No    If you do not have a  
passport, you **must** apply for one immediately!

Name \_\_\_\_\_  
(as listed on passport)              Last                              First                              Middle

Passport # \_\_\_\_\_              Expiration Date: \_\_\_\_\_

If it is not a US passport, name of issuing country: \_\_\_\_\_

Please send us a copy of the passport page with your picture and number. Your passport must be valid for six months after your departure date from the host country. If you already have a passport, double check the expiration date.

Have you ever traveled outside the United States?              Yes              No

If yes, where have you been? \_\_\_\_\_

Do you speak a language besides English?              Yes              No

If yes, what language(s)? \_\_\_\_\_ Fluency level \_\_\_\_\_

**Emergency Contact** Who should we notify in case of an emergency while you are traveling?

Name(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have any health/medical conditions that may affect you as a traveler? If so, please provide details of plans you have made should you have problems with a known health issue: \_\_\_\_\_

Continue on the back of the page if necessary.

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**Roommate Preferences:** \_\_\_\_\_

Please note that we will make every effort to accommodate your roommate requests, but we cannot guarantee anything.

**Departure City:** The program fee is based on departure from Cleveland OH. Other departure cities **may** be available, but may affect the program cost.

Please list your preferred departure city: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_