

Fall Semester Application Form

This form may be completed digitally. Please do not leave anything blank.

Full name as it appears on your passport: _____
Email address: _____
University: _____
University ID #: _____
Education Level (*Sph/Jr/Sr*): _____
Major: _____
Male/Female/Self Describe: _____
Date of Birth (*DD/MM/YY*): _____
Student address: _____

Mobile telephone number: _____
Home telephone number: _____
Citizenship: _____
Passport Number: _____

Emergency Contact Information

Name and relationship to applicant: _____
Address: _____

Email: _____
Telephone: _____

Other

SCUBA Certification level: _____
Must be certified and have dive experience before the start of the program

How did you hear about the program: _____
Special Dietary Needs: _____

Please advise of any food allergies: _____

List medical issues that we should be aware of: _____
