SMU Embrey Human Rights Program
Trip **Application**

Return completed application form, $100 fee and color photocopy of your passport photo page *(make checks payable to the Embrey Human Rights Program)* **to the Embrey Human Rights Program office in 109 Clements Hall.**

Name_____ Student ID #_____

Cell Phone:_____ Email:_____

Current Address:_____ City/State:_____ Zip:_____

Date of Birth:_____ Passport #_____ Expiration Date:_____

Medical Information:

Allergies:_____

Medical Conditions you want us to be aware of?_____

Do you carry medications that you want us to be aware of [EPI-pen, etc.]?_____

Dietary preferences: ___ none ___yes_____

T-shirt size: ____small ____medium ____large ____XL

Emergency Contact Information:

Name :_____

Relationship to you:_____ Home Phone:_____

Work Phone:_____ Other Phone:_____

Please indicate if you are employed at SMU: ____ yes ____no