

**Sewanee Summer in Russia 2017  
Preliminary Application**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Do you have a valid passport? \_\_\_\_\_ If yes, when does it expire? \_\_\_\_\_

SEWANEE ADDRESS \_\_\_\_\_

SEWANEE TELEPHONE NUMBER \_\_\_\_\_

HOME INSTITUTION (in you are not a Sewanee student) \_\_\_\_\_

CAMPUS E-MAIL ADDRESS \_\_\_\_\_

PARENTS' NAMES AND ADDRESS \_\_\_\_\_

\_\_\_\_\_

PARENTS' TELEPHONE NUMBER \_\_\_\_\_

REASON(S) FOR WANTING TO PARTICIPATE IN THIS PROGRAM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY RUSSIAN LANGUAGE COURSES YOU HAVE TAKEN AT SEWANEE  
OR ELSEWHERE: \_\_\_\_\_

\_\_\_\_\_

MEDICAL AND/OR DIETARY FACTORS WHICH MIGHT IMPACT PARTICIPATION (For  
example, are you a vegetarian? Are you able to walk long distances? Do you have asthma? Are  
you claustrophobic? Do you experience motion sickness?)

*NB: This information will be kept confidential.*

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\_\_\_\_\_

HAVE YOU PREVIOUSLY TRAVELED ABROAD? \_\_\_\_\_

PLEASE LIST ANY OTHER FACTORS THAT MIGHT IMPACT YOUR PARTICIPATION ON  
THIS PROGRAM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY ADDITIONAL QUESTIONS/CONCERNS YOU MAY HAVE:

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