

CRUISE GUEST STUDENT AUTHORIZATION

(Return to the Academic Programs Office, MS 31, guest-student-coordinator@whoi.edu)

STUDENT INFORMATION:

NAME _____

PERMANENT ADDRESS _____ CITY _____

STATE _____ COUNTRY _____ ZIP _____ PHONE _____

EMAIL _____ NATIONALITY _____ VISA TYPE _____

CURRENT ADDRESS _____ CITY _____

STATE _____ COUNTRY _____ ZIP _____ PHONE _____

MAJOR _____ UNDERGRADUATE YEAR _____

GRADUATE PROGRAM: MASTERS ____ DOCTORAL ____ UNDERGRADUATE YEAR _____

EXPECTED DEGREE DATE _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE _____

DO YOU HAVE MEDICAL INSURANCE COVERAGE? YES ____ NO ____

NAME OF INSURANCE COMPANY _____

POLICY NUMBER AND/OR ID NUMBER _____

DEPARTMENTAL INFORMATION:

ARRIVAL DATE _____ DEPARTURE DATE _____

INTERNSHIP STIPEND? _____

WHOI SPONSOR/ADVISOR _____

BRIEFLY DESCRIBE STUDENT'S EDUCATIONAL INTEREST IN CRUISE:

STUDENT'S TRANSCRIPT ATTACHED? _____ (transcript must be attached for official authorization)

AUTHORIZED BY _____ DATE _____

(Associate Dean or Registrar)