

If traveling outside the US, attach a copy of the inside front page of your passport (with your photo)

Centenary College of Louisiana Module Study EIIA Insurance Form

The information you provide on this form will be used for insurance purposes only. Accuracy is imperative.

Student Information

Name of Student: _____
Print Full Name

Home Address: _____ Campus Box #: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____, _____ Gender: Male ___ Female ___
Month/Day Year

Social Security Number: _____

Passport # _____ Expiration Date: _____

Module Information

Module Name: _____

Course #: _____ (e.g. ENGL 199A)

Name of Instructor(s): _____

Personal Departure Date: _____, _____
Month/Day Year

Personal Return Date: _____, _____
Month/Day Year

Passport #: _____ Expiration Date: _____

For those traveling on an International Module, be sure to pick up an EIIA Study Abroad Program brochure from DPS or the 2910 office and read about the benefits and exclusions. This plan carries an assistance package through Assist America. It is important that you know and have access to this information.

Module Photo Usage Agreement

Name of Module: _____ **Professor(s):** _____

I hereby grant to Centenary College of Louisiana (the "College") the right to display, broadcast, distribute and create derivative works of College-related photographs or videotaped images of the undersigned student for use in connection with the activities of the College or for promoting, publicizing or explaining the College and/or its activities. The grant includes without limitation, the right to publish such images in the College newspaper, alumni magazine, and PR/promotional materials, such as marketing and admissions publications, advertisements, fundraising materials, and other College-related publications. These images may appear in any of the wide variety of format and media now available to the College and that may be available in the future, including, but not limited to print, broadcast, videotape, CD-Rom, and electronic/online media.

Student's Full Name (Printed): _____ Campus Box #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ - _____ Campus Phone #: (____) _____ - _____

Campus Address: _____ E-mail: _____ @ centenary.edu

Student's Signature: _____ Date: _____