

# Egypt 2008 – Ancient Legacies

## PROGRAM OPTIONS

(Please indicate): May 13-26 \_\_\_ June 16-26

Name \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
(As listed on passport) Last First Middle

Present Address: *Good until:* \_\_\_/\_\_\_/\_\_\_

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## University Information (For students and those seeking university credit only)

Name of Home University: \_\_\_\_\_

Class Year (Circle One): Freshman Sophomore Junior Senior Graduate Other: \_\_\_\_\_

Social Security/I.D.#: \_\_\_\_\_ College GPA: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_ Major & Minor: \_\_\_\_\_

### *Please initial the appropriate section:*

\_\_\_ I intend to register for credit through Southern Illinois University Carbondale. I understand that I will be sent registration information and that it is my responsibility to complete and return this information. **Note:** Class registration cannot be changed after the program begins.

\_\_\_ I intend to register through another university (please indicate): \_\_\_\_\_ and I understand that it is my responsibility to make all arrangements for credit through that university.

\_\_\_ I do **not** intend to register for credit. I understand that I will not be sent information on optional registration.

**IMPORTANT: Tuition is not included in the program fee.**

## Passport Information

Date of Birth: \_\_\_\_\_ Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Note: You do not need a passport to apply for the program, but you should apply for it immediately. Please send us the passport information or a copy of the information page after you receive it.

**Important:** Your passport must be valid for six months after your departure date from Egypt.

## Emergency Contact

In case of emergency, please notify: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

State any conditions which may affect you as a traveler: \_\_\_\_\_

\_\_\_\_\_

**Please continue on Page 2**

**General Information**

Why are you interested in this program? \_\_\_\_\_

Experience, skills, interests, training (including courses) that might bear on your contribution to the program: \_\_\_\_\_

Have you ever traveled outside the United States and, if so where? \_\_\_\_\_

**Departure City**

The program fee is based on departure from St. Louis, Missouri. Other departure cities may be available, but this may affect the program fee. Please advise if there is another departure city that you would prefer: \_\_\_\_\_

We will contact you if this city is available and to inform you of the cost before making any changes. Please note that participants are responsible for any extra charges incurred .

**Roommate Preferences**

I would like to room with: \_\_\_\_\_ (both must indicate)

**Smoking:** I smoke/do not smoke and would prefer a roommate who is smoking/non-smoking/ does not matter.

**Single Rooms** (subject to availability): I would be interested in a single room: Yes/No. Please note that there is a higher cost required for a single room. We will contact you to verify the amount of the charge and your interest before making any changes in your reservation.

*Please note that we will make every effort to accommodate your roommate requests, but we cannot guarantee that we will be able to do so. This depends in part on the composition of the group.*

**Optional Field Trips**

The June program offers an optional excursion to Abou Simbel, Ramses II's temple masterpiece in southernmost Egypt. The estimated cost is \$225 if booked **before** departure and includes two jet plane flights and the tour.

The May and June programs offer an optional excursion to Alexandria which includes a full day visit to the city, lunch, dinner and an additional night in Cairo with departure the following day. The estimated cost is \$225.

**I am interested in the Abou Simbel excursion Yes/No;      I am interested in the Alexandria excursion Yes/No**

We will confirm your participation in the optional programs before finalizing reservations.

**Study Abroad Programs strongly recommends that each participant obtain travel insurance in case you must cancel owing to a medical or like emergency. We will provide additional information later.**

Currently enrolled students should check with their academic advisors about how this program will apply to their degree.  
**Return to:** Study Abroad Programs; Southern Illinois University; Carbondale, Illinois 62901-6885. Telephone: (618) 453-7670. **Please make deposits payable to "Southern Illinois University."**

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**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

DATE	CHECK #	RECEIPT #	RECEIPT SENT	AMOUNT	BALANCE

*Thank you for your interest in our programs.*