

Application for International Mission Trip

Year of Graduation _____ Program DDS

Name as it Appears on Passport: _____

Date of Birth: _____

Passport Number: _____

Passport Date of Issue: _____

Passport Expiration Date: _____

(Your passport expiration date must be six months after the mission trip)

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Student Mailbox: _____

LLU Email: _____

Are you a U.S. Citizen? _____ Do you possess a U.S. Passport? _____

Do you possess a U.S. Permanent Resident (PR) Card? _____

If you are a PR, are you allowed to exit and re-enter the U.S. _____

Are you in the U.S. on a Student Visa? _____ Which Student Visa? _____

Expiration Date of Visa: _____ Country of Citizenship: _____

Preferred Mission Trip: _____ Second Choice: _____

Have you been on an LLUSD sponsored trip? _____ Which One? _____ Date: _____

Have you received a Service Learning Manual? _____

Disclaimer: *If an international mission trip must be cancelled by the Service Learning Department due to weather, federal travel warnings or other unforeseen circumstances, 2/3 of the cost of purchased tickets will be reimbursed. Students will assume responsibility for 1/3. Typically airline tickets are negotiable for up to twelve months from date of purchase. If student chooses not to participate in a trip after tickets have been purchased, no reimbursement is given. The ticket becomes the sole responsibility of the student.*

I have read the disclaimer and procedures and agree to abide by the principles stated in the Program Guidelines.

Signature: _____ Date: _____

Typing your name and date in the above fields will serve as an official signature.

Emergency information given to the trip instructors:

Allergies: _____

Other information you would like the instructor to know:

Emergency family contact information:

Name: _____

Phone Numbers: _____

This form must be completed in order to be eligible for mission trip selection.