

Program Director and Faculty Emergency Contact Form

Please complete and return to the Office of Study Abroad in 28 Ramsey Library prior to your departure.

Faculty Name: _____
Phone Number (where you can be reached while out of the country): _____
Study Abroad Program: _____
Dates: _____

I give my department and the Office of Study Abroad permission to communicate with the individuals listed below in the event of an emergency abroad.

Primary Contact

Name: _____ Relationship to you: _____
Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____

Secondary contact (if your first contact cannot be reached):

Name: _____ Relationship to you: _____
Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____

Signature: _____ Date: _____

Printed Name: _____

Return to:

Cara Gilpin
Study Abroad
28 Ramsey Library CPO 1560
1 University Heights
Asheville, NC 28804
828-258-7725
cgilpin@unca.edu