

EDUCATION PROGRAMS - PARTICIPANT INFORMATION FORM

PROGRAM NAME _____ TODAY'S DATE _____

NAME First _____ Last _____ Middle _____

SOCIAL SECURITY # _____

PERMANENT ADDRESS (PO Box addresses are NOT acceptable)

Street _____

City _____ State/Country _____ Zip/Postal Code _____

LOCAL ADDRESS (if different)

Street _____

City _____ State _____ Zip Code _____

HOME PHONE _____

CAMPUS ADDRESS (Dept.) _____ Extension: _____

E-Mail _____ Faculty Advisor _____

U.S. CITIZEN PERMANENT RESIDENT OTHER

IF OTHER: Type of Work Visa _____ Visa expiration date _____

Date Entered U.S. _____ Intended length of stay _____

Country of Citizenship _____

I understand that participation in internship programs at UCSB requires valid work authorization, and that it is my responsibility to maintain and renew my work authorization as needed. UCSB has no responsibility for renewing my work permit.

Signature of intern: _____

UCSB Student Status: Not registered Undergraduate Graduate

UCSB Employee? YES NO

California Resident? YES NO

Nonresident Alien? YES NO

In case of Emergency, please contact _____

Relationship to you _____ Phone () _____