**Arrival Questionnaire for International Professors and Students**

**Personal Information**

|  |  |
| --- | --- |
| Full Name: |  |
| Date and Country of Birth: |  |
| Email: |  |
| Alternative Email: |  |
| Mobile Number: |  |
| ID or Passport Number: |  |
| T-Shirt Size: |  |

**Emergency Contact Information**

|  |  |
| --- | --- |
| Full Name and Relationship to You: |  |
| Email: |  |
| Mobile: |  |

**Home University Contact Information**

|  |  |
| --- | --- |
| University: |  |
| Full name and position: |  |
| Email: |  |
| Mobile Number: |  |

**Trip**

|  |  |
| --- | --- |
| Duration of stay: |  |
| Mode of Transportation: |  |
| Travel Itinerary: |  |
| Arrival Date and Time: |  |
| Flight Number: |  |
| Name of Arrival Airport: |  |
| Departure Date: |  |
| Name of Departure Airport: |  |

**Insurance information**

|  |  |
| --- | --- |
| Insurance Company: |  |
| Insurance Policy or Receipt Number: |  |

**Declaration**

I declare that I have valid insurance covering illness, accidents (including death), and repatriation in the event of illness, accident, or death during the exchange program. I understand that Inatel will not be held responsible for any accidents or incidents that may occur during the exchange period.

|  |
| --- |
| Student’s Signature  Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  (day/month/year) |
| Departmental Coordinator’s Signature  Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  (day/month/year) |

*This form must be completed and returned to Inatel before your arrival.*