

INTERNSHIPS & FIELD STUDIES OFFICE

PLEASE PRINT CLEARLY

STUDENT INFORMATION	
Last name	
First name	
McGill ID #	
EMERGENCY CONTACT INFORMATION	
Last name	
First name	
Relationship	
Day time pho cell phone	one/
Evening pho	ne
Email addres	s
EMERGENCY	CONTACT ADDRESS
PASSPORT INFORMATION	
Nationality	Expiration date
Number	Issuing authority