



# PARTICIPANT INFORMATION

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*Valdivia, Chile*

PLEASE RETURN TO CENTRAL WASHINGTON UNIVERSITY

Name: \_\_\_\_\_ Program Term: \_\_\_ Fall \_\_\_ Spring

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Permanent Address in the U.S.A.: \_\_\_\_\_

Permanent Telephone in the U.S.A.: \_\_\_\_\_

Names of Parents\*: \_\_\_\_\_

Address of Parents: \_\_\_\_\_

Telephone Number of Parents: \_\_\_\_\_

Mother's Birthdate: \_\_\_\_\_

Mother's Profession: \_\_\_\_\_

Father's Birthdate: \_\_\_\_\_

Father's Profession: \_\_\_\_\_

\*If your parents are divorced or if one of them is deceased, please list the name of your legal guardian. You must list the profession of both parents.

**PLEASE NOTE:** This document is required by the Universidad Austral de Chile. It is for internal purposes only.