

# SVARTÁRKOT – REGISTRATION FORM

Summer 2009

Mail this form to:

The ReykjavikAcademy

Viðar Hreinsson, program director, Hringbraut 121

107 Reykjavík, Iceland

1. Name (last, first, middle)

2. Sex:

Male  Female

3. Social security no.:

4. Date of birth: (YYMMDD)

5. Country of citizenship

6. Home University:

7. Academic standard when beginning the course:

SO

JR

SR

GRAD

8. Expected time of graduation

Month:            Year:

9. Cumulative grade point average:

10. Major field(s):

Minor field(s):

11. Current/school address (Valid until)

Tel.:

E-mail:

12. Permanent/parents address:

Tel.:

E-mail:

13. Select the course you would like to attend

Iceland Geography

Writing Local Cultures

Local Environments, Global Impacts

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## SVARTÁRKOT – REGISTRATION FORM 2

### MEDICAL INFORMATION

Summer 2009

1. Name (last, first, middle)	
2. Home University:	
3. Do you have any medical or food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
4. Are you taking any prescribed medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
5. Do you have dietary limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the foods you do not eat:	
6. Please describe any health problems, physical limitations and disabilities that you may have:	
7. Do you have any learning disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
<i>(If you need special considerations, please provide documentation)</i>	
8. The name of your Insurance company:	
<i>Please attach a copy of your travel insurance (required).</i>	
_____	_____
Date	Signature