

Lehigh ISIC Card Application

Please indicate which card you are applying for:
Student (ISIC) Teacher (ITIC)

Terms & Conditions

I hereby certify that this information is true and understand that any false statements on my part, may result in forfeiture of all card benefits.

_____/_____/_____
Applicant's Signature *Date* *Study Abroad Program* *Term*

Personal Information:

Name (First, Last)

Institution/School Name

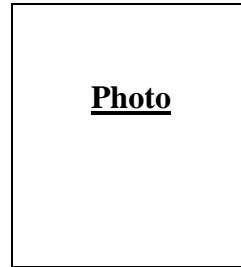
Expected Graduation (MM/YY)

Date of Birth (i.e., 09/Jun/82)

School ID#

Applications must be submitted with:

- One passport sized photo (name on back)
- Copy of student/faculty ID card
- Payment (if applicable)



Campus Address:

Street/Box #

City State Zip

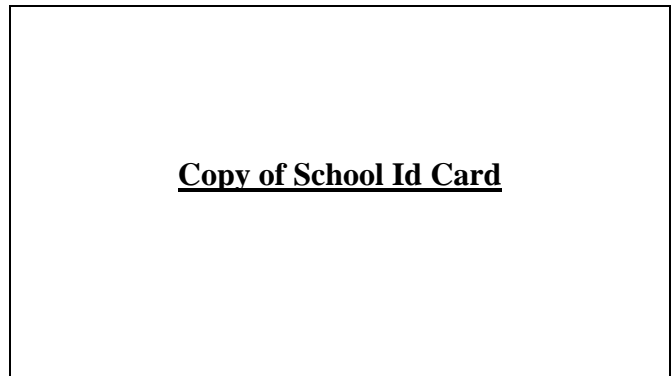
Telephone E-mail Address

Permanent Address:

Street/Box #

City State Zip

Telephone



OFFICE USE ONLY

Int'l ID Card # Year

- Paid \$22 on Date: ____/____/____
- Picked up on Date: ____/____/____
- Mailed on Date: ____/____/____

Costs:
Approved Lehigh Program: No charge
Non-Lehigh Program or Independent Travel: \$22.00
(cash or check, payable to Lehigh University)

For more information go to:
www.isicus.com