

# 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#

### **Campus Address:**

\_\_\_\_\_  
Street/Box #

\_\_\_\_\_  
City    State    Zip

\_\_\_\_\_  
Telephone    E-mail Address

### **Permanent Address:**

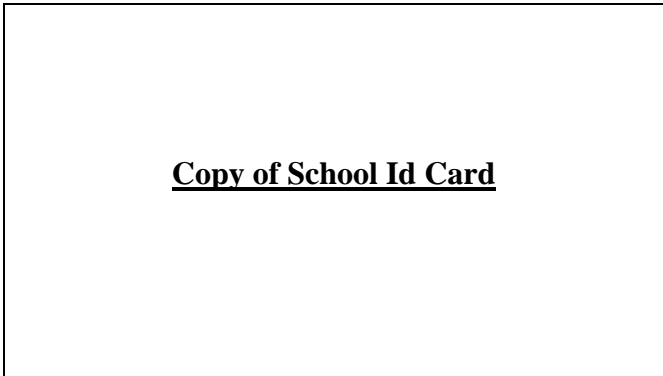
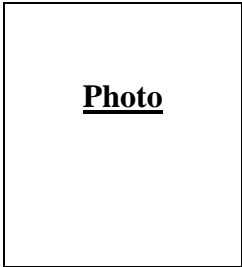
\_\_\_\_\_  
Street/Box #

\_\_\_\_\_  
City    State    Zip

\_\_\_\_\_  
Telephone

### **Applications must be submitted with:**

- TWO passport sized photos w/ name on back (CVS/Rite Aid/AAA)
- Copy of student/faculty ID card
- Payment (if applicable)



### **OFFICE USE ONLY**

Card #: \_\_\_\_\_

Validity: \_\_\_\_\_

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

**For more information go to:**  
[www.myisic.com](http://www.myisic.com)