

INFORMATION FORM TO BE SUBMITTED BY THE MA STUDENT

**PRIOR** TO LEAVING FOR FIELDWORK

Please complete & submit this form **digitally** at

stucoanthropology@FSW.leidenuniv.nl

|  |
| --- |
| **Students details** |
| Student’s name and UL student-nr: |  |
| Supervisor at CA-DS: |  |
| Fieldwork period | From   /  /20   until   /  /20   |

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| **Please enter the following details:** |
| Exact travel data and flight numbers (including local travel within the country of destination) – *If applicable* |  |
| Your contact details when abroad, including address, phone nr, e-mail \* |  |
| Contact details of the local contact-person (or organization) |  |
| Name of travel insurance company and the number  of your insurance (polisnummer”) |  |
| Contact in Case of Emergency: name, relationship, address, phone, e-mail |  |