



## NIAGARA UNIVERSITY STUDY ABROAD CISI PLAN ENROLLMENT FORM

### PARTICIPANT CONTACT INFORMATION:

Legal Name Gender

Mailing Address

City State/Province Zip

Citizenship

Telephone number Email

Date of birth Student ID Number:

### ENROLLMENT INFORMATION:

Comprehensive Plan Rate

**Monthly Premium: \$50.00**

The cost is \$50 for programs less than 1 month, or \$50 per month for programs more than 1 month.

### PROGRAM INFORMATION:

Faculty Leader or University

Institution sponsoring study abroad program *(if applicable)*

Name of international institution you will attend

Host country

Program start date Program end date

*I have read and understand the terms and conditions of the policy and authorize payment for the above enrollment.*

Signature: Date:

Please allow two weeks for processing. All insurance materials are sent via email. The monthly premium will be billed to the student's Niagara University account. Please contact CISI if you have any questions about this policy.