Study Abroad Travel Insurance Declaration Form

Full Name
Student ID
Program of Study
T Togram of Otday
Host Country
Departure Date
Return Date
Insurance Provider
bourance Deliev Number
Insurance Policy Number
Insurance Validity Period
Emergency Contact Name
Emergency Contact Phone
Additional Information

I declare that the information provided above is true and complete. I confirm that I have secured valid travel insurance for the entire duration of my study abroad period.
l agree
Signature
Date