ENROLLMENT FORM FOR INTERNATIONAL STUDENT HEALTH INSURANCE

Academic Policy Year: 2010-2011

PLEASE RETURN TO: SUITE 223 STUDENT UNION , SUNY BUFFALO-NORTH CAMPUS, BUFFALO, NY 14260 PH: (716) 645-3036 / FAX: (716) 645-3465 / PDF E-MAIL: ASKSMI@BUFFALO.EDU

LEASE CIRCLE YOUR ST	ATUS:				
International Student	t in USA	International Scholar in USA	2	national Student on Pr (must attach practica authorization pa	al training
LAST NAME		FIRST NAME	DATI	E OF BIRTH:/	/
U.S. MAILING ADDRESS		To	DWN/CITY	STATE	ZIP CODE
U.S. TELEPHONE	EMAIL ADDRESS	UB DEPT OR PR	OGRAM I	HOME COUNTRY	VISA TYPE
UB PERSON NUMBER	· 	SOCIAL SECURITY NU (Non-UB students only)		O MALE	or O FEMALE
URRENT EDUCATIONAL LEV	VEL: (CIRCLE ONE) UN	DERGRAD GRADUATE	PROFESSIONA	AL FACULTY/ST	AFF/RESEARCH
	DATES OF COVERA	AGE: FROM/15/	10/	141	
FULL YEAR	FALL 8/15/10 - 1/14/11	SPRING AND SUMMER	SUMM 5/15/11 - 8		MONTHLY
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