ENROLLMENT FORM FOR STUDY ABROAD HEALTH INSURANCE SPRING 2014

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

Destination of Domestic Student/F	Faculty Abroad:			
JB Faculty Advisor for Program A	Abroad:		Advisor E-mail:	
LAST NAME	FIRS	ST NAME	DATE OF BIRT	H://///
PREFERRED MAII	LING ADDRESS		CITY	STATE ZIP CODE
PREFERRED TELEPHONE	E-MAIL A	ADDRESS	UB DEPT OR PROGRAM	HOME COUNTRY
UB PERSON NUMBER	O MALE	or O FEMALE		
RRENT EDUCATIONAL LEVEL	.: (CIRCLE ONE) UNDEF	RGRAD GRADUATE	PROFESSIONAL FA	CULTY/STAFF/RESEARCH
Alternative	Coverage Dates: FROM	M//	TO/	/
(Requires F	rior Admistrative Approvai F	From SMI Office to Sponsoring	Department—not optional	l to participant.)
FULL YEAR	FALL	From SMI Office to Sponsoring SPRING AND SUMMER	Department—not optional SUMMER	to participant.) MONTHLY
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