



# EDUCATION ABROAD TRAVEL/HEALTH INSURANCE INFORMATION

**SAINS**

Student Name \_\_\_\_\_

NSU ID \_\_\_\_\_

Major: \_\_\_\_\_ Year: FR SOPH JR SR

Name of Health Insurance Carrier \_\_\_\_\_

Faculty-Led/Study Abroad Program Destination \_\_\_\_\_

Term of Study Abroad Program \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

***Please enclose copy of Travel/Health Insurance Card-Contract***  
(Form is not valid without this copy)

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
NSU Study Abroad Office

\_\_\_\_\_  
Date