

**I. Trip Information**

Department Sponsoring Trip:	
Program Start Date:	Program End Date:
Destination City (ies):	
Destination Country (ies):	
Department Contact's Name:	Email:
The OISP will purchase the Insurance on behalf of the traveler. The flat fee is \$50 per month. OISP will invoice you, if you are going to pay with departmental funds. If you are going to pay with your personal credit card and get refund from your department later, you may pay the fee at <a href="#">MarketPlace</a> under "International Studies & Programs."	
Billing Address:	

**II. Traveler's Information**

Last Name:		First Name:	
Date of Birth:	Sex:	Home Country:	
Your Job Title:		Your email address:	
Departure Date:	Return Date:	Months of Coverage:	

Please submit the following to the OISP:

1. A copy of your tickets
2. Your travel itinerary
3. A copy of your passport biographic page
4. Your visa (if applicable)
5. Your emergency contact information while traveling