

INSURANCE STATEMENT

Name of Student _____
(Please Print)

Program _____ Semester _____

I herewith certify that I am covered by accident and sickness insurance which will be valid and in force during the entire period of my stay abroad. I will take proper claim forms abroad with me.

NAME OF COMPANY WITH WHICH INSURED: _____

ADDRESS TO WHICH CLAIMS ARE TO BE SENT:

Signature of Student

Signature of Parent

Date

TO BE RETURNED TO INTERNATIONAL STUDY PROGRAMS OFFICE:
152 HURLEY BUILDING, UNIVERSITY OF NOTRE DAME,
NOTRE DAME, IN 46556