

Important: All international students coming to ULACIT are required to purchase an international student health insurance plan (no student will be accepted without it).

Personal Information

First name _____ Middle name _____ Last name _____
Passport/ID number _____
Date of birth (month/day/year) ____ / ____ / ____ Personal email address _____
Home university's name _____ University's phone number _____
University international department contact name _____
E-mail address _____

Medical Insurance Verification

Insurance carrier name _____ Insurance ID number _____
Insurance emergency phone number _____ Insurance plan name _____
Insurance e-mail _____

In case of emergency, please contact:

Name _____ Relationship _____
Address _____
City /State _____ Country _____
Business e-mail address _____ Personal e-mail _____
Home phone number _____ Cell phone number _____

I certify that I am currently enrolled in a health insurance plan (no travel insurance policies are accepted), that will remain in effect throughout my entire term(s) at ULACIT from: ____ / ____ / ____ to ____ / ____ / ____ and that I am solely and fully financially responsible for all medical expenses. I understand that the information provided herein is confidential. Furthermore, I am assured that this information will not be made available to third party outside the Global Education Office at ULACIT.

Important:

- ☞ Please **attach a copy of your health insurance ID card or written verification of coverage** and keep a copy of this form for your records. Please send this form thoroughly filled out to: studyabroad@ulacit.ac.cr
- ☞ The information in this document may be verified at any moment during the enrollment process.
- ☞ Illegible forms will be sent back. We advise applicants to have all the requested information handy as this form cannot be saved (this form is expected to be sent in PDF format). Please print it and sign it.

Student's signature: _____ Date (mm/dd/yy): ____ / ____ / ____