WORKSHEET FOR PLANNING STUDY ABROAD/DOMESTIC STUDY AWAY
(For Summer/IAP Programs Not Eligible for Transfer Credit)

Student's Name_____ID#_____
Last, First

Course #		Course Name	
GPA		Expected Graduation Date (MIT)	

Campus/Local Address		Permanent Address	
Email		Parent/Guardian's Phone	
Phone			

Term(s) and year you plan to study abroad/away from MIT_____
Institution Where You Plan to Study_____
Sponsoring Institution (if applicable)_____
Location of Program (City, Country)_____Program Dates_____

Administrative Approval:

Documentation that You Have Spoken with the Following MIT Offices:

Health Insurance Office- Juanita K. Battle, MIT Health Plans Office, E23-308 tel. 253.4371

	I have met with the student named above and have advised him/her regarding his/her MIT health insurance coverage.
	This student has elected to waive MIT health insurance. (All waiver requests must be submitted via http://medweb.mit.edu/healthplans/student/waiver.html. Questions: stuplan@med.mit.edu).
	This student has insurance through an outside provider.

Signature of Juanita Battle_____
For questions/concerns about coverage contact the Claims and Member Services Department, tel. 253.5979, or contact a representative of your private health insurance provider.

International Students Only- International Student Advisor, call 253.3795 to make an appointment.
If you are a MIT student here on a visa, please see any ISO advisor to discuss visa status while abroad.
Name of ISO Advisor_____Signature:_____

Return completed form to MIT International Science and Technology Initiatives (MISTI), E40-4th Floor
Due: April 15 for Summer OR Dec. 1 for IAP
Questions: misti@mit.edu or call 617.258.0385