

## STEP 3: MY TRAVEL INFO

## My Information

Name: SAIC ID: SAIC E-mail: Phone: 

## Housing

Since rooms are typically multiple share, the following information will be helpful in determining your housing needs.

**(Note: We do not guarantee your preferences will be granted)**

List roommate preference/s (if any):

\*Are you a smoker?  Yes  No

\*Are you a vegetarian?  Yes  No

## Study Trip

\*Is your Study Trip international or domestic(USA)?  International  Domestic(USA)

## Insurance (International trips only)

You are required to have personal health insurance that covers you during the trip. SAIC has a supplemental insurance policy which may provide additional medical protection, including coverage for medical evacuation and repatriation of remains. The policy is not designed to provide comprehensive medical coverage. You must inquire with your own carrier to ensure you are adequately covered abroad.

\*Health Insurance Carrier

\*Health Ins Policy Nbr

\*Are you covered abroad for the duration of the trip?  Yes  No

\*Customer Service number to call in case of emergency abroad


**(Note: Toll free numbers do not usually work outside the U.S. and Canada)**

## Passport (International trips only)


**You are required to have a passport for international travel.**

**Write your name exactly as it appears on your passport.**

\* Family Name  First Name/s

\* Passport Number  \* Expiration Date  

\* Is your passport valid for at least 6 months after the trip end date?  Yes  No (If no, renew immediately)

\* Are you a U.S. Citizen?  Yes  No \*Country of Citizenship  

## Travel Information

We understand that the following sections may not be known immediately. Please update this information as it becomes available.

Trip Name: RS:Living the Past in Present

### Flight Itinerary

Enter your flights in consecutive order.

Fill in your travel information below using the following guidelines:

-Arrival Flight (to the study trip) and Departure Flight (from the study trip): multiple lines allow you to input your connecting flights.

-From and To: use the 3-letter airport codes.

	Airline	Flight Number	Leaving From	Departure Date	Departure Time (00:00)	AM/PM	Going To	Arrival Date	Arrival Time (00:00)	AM/PM		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>

### Other Types of Transportation

If you plan on arriving to the study trip by another mode of transportation (i.e. train), tell us below.

	Mode of Transportation	Carrier Name	Leaving From	Departure Date	Departure Time (00:00)	AM/PM	Going To	Arrival Date	Arrival Time (00:00)	AM/PM		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>



To save your form to complete at a later date, click the "Save Progress" button. Once you have filled out My Info form first verify that all fields are complete and correct, then click the "Submit" button.

[SAVE PROGRESS](#)

[SUBMIT](#)

[Submission Date](#)

[RETURN TO STUDENT CENTER](#)

[REVIEW STEP 1](#)

[<< REVIEW HEALTH DISCLOSURE/LEGAL WAIVER](#)

Last Update Date/Time 09/30/14 2:09:43PM by WSSTEST

If you experiencing any technical difficulties please contact [studyabroad@saic.edu](mailto:studyabroad@saic.edu)