

CUNY Graduate Center International Academic Travel Insurance Confirmation

All students participating in Graduate Center academic sponsored trips or independent international academic travel must purchase international medical and travel insurance coverage for the following benefit areas: accident/medical, evacuation for medical or security reasons, and repatriation of remains. The insurance policy must provide coverage for the insured individual for the entire program period including travel days to and from the destination(s). Students may purchase low cost travel insurance from the CUNY designated carrier, Cultural Insurance Services International (CISI), or another provider that meets the requirements above. If you do not purchase coverage through CISI, you must provide of comparable coverage through another carrier.

Please note that students enrolled in NYSHIP or any other medical insurance plan (GHI, AETNA, etc.) are required to purchase separate travel insurance. Most plans including NYSHIP do not cover international accident/medical, evacuation for medical or security reasons, and repatriation of remains.

Students receiving any GC travel/research funds (including but not limited to Dissertation Fellowship Awards, Doctoral Student Research Grants, Conference Presentation Support, etc.) who do not submit a properly signed and notarized International Travel Participation, Waiver, and Emergency Contact Form and/or are not enrolled in the University's international insurance or comparable program will not receive funding for the purpose of travel. Students receiving any other financial support from the GC and who travel internationally for academic/research purposes, may jeopardize their funding if they do not purchase the appropriate insurance and submit the waiver.

Student Information

GC Student ID Number:

Last Name, First Name, MI: _____

Academic Program: _____

GC Email: _____

Telephone: _____

International Travel Insurance Information

Insurance Company Name: _____

Insurance Company Phone: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Policy Number: _____

Group Number: (if applicable) _____

Signature and Date: _____

Please attach insurance card/information and proof of purchase.

If you have any questions, please contact the Office of The Vice President for Student Affairs by phone (212) 817-7400 by email internationaltravel@gc.cuny.edu