CISI Comprehensive Medical and Evacuation Insurance Application: Students international travel

Student Name:		
Last	First	Middle
Student W&M ID#:		
Program Account Number: W-1Y0439-580345		
CISI Fee: \$ (\$9.75/week or \$34.75r month; travel longer than a	. •	·
Please make checks payable to: The College of W	•	
Mailing Address:	Street A	
Cashier's Office	Cashier's	s Office
The College of William & Mary	101 Blov	w Hall, Richmond Road
	TD 1 1	(7.57) 221 1226
PO Box 8795	Telephoi	ne: (757) 221-1226