Carleton University | International Internship Program

INTERNATIONAL INTERNSHIP PROGRAM
INSURANCE SUBMISSION FORM

All participants undertaking Carleton University's International Internship Program overseas must show proof of out-of-country Medical Insurance.

Trip Cancellation Insurance and Baggage Coverage is optional but strongly recommended in order to reduce personal risk.

Please provide the details of your Medical Insurance Policy below.

Proof of Medical Insurance:

Name of Company _____ Policy # _____

- ☐ I confirm that I have attached a copy of the summary of my policy declaration, which details the coverage included in my policy.

I affirm that the above information is true to the best of my knowledge.

Name _____ Date _____

_____
Participant Signature

If you have questions regarding the collection of this information contact the International Internship Team at internationalinternships@cunet.carleton.ca.

The personal information requested on this form is collected in accordance with Section 38(2) and 42(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F. 31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant directs otherwise. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.