



**Tips for completing the Exchange Visitor Information Collection Form**

<http://www.skidmore.edu/dof-vpaa/forms/student-exchange-visitor-program/>

**Sponsoring Academic Department/Division**

Select “Off-Campus Study & Exchanges”

**Personal Information**

Position at Skidmore – “OCSE Exchange Student / Foreign Language Assistant”

Exchange Visitor Category: Select “Student Non-degree”

US address – Your address in the US will be

Skidmore College  
815 North Broadway  
Saratoga Springs, NY 12866-1632

You will also be assigned a mailbox number but you don’t need to include it on this form.

Program begin date: August 26, 2018

Program end date: May 10, 2019

**Financial Information**

The total estimated financial support (in U.S. Dollars) is to be provided to the Exchange Visitor by the current Program Sponsor (Skidmore College): –

Skidmore College (select “has not”) received funding for international exchange from one or more U.S. Government Agencies in support of this Exchange Visitor.

**Insurance Coverage**

Off-Campus Study & Exchanges will enroll you in the Skidmore College Student Health Insurance Plan. The insurance coverage meets the minimum coverage requirements set by the Student and Exchange Visitor Program (SEVP) and Department of Homeland Security (DHS) regulations. The cost of the insurance is included in your exchange.

Click the button in front of the following statement:

*I certify that I have or will have insurance coverage which meets the above requirements in effect for the period of time during which I am an Exchange Visitor participant in Skidmore College's Student and Exchange Visitor Program.*

Name, address and phone number of organization or company providing insurance (no limit to amount of text entered in box below):

Student Health Insurance Plan for Skidmore Students Administered by CDPHP (Capital District Physicians Health Plan)  
CDPHP Universal Benefits, Inc.  
500 Patroon Creek Boulevard  
Albany, NY 12206  
Phone: 1-877-269-2134