

CISI Enrollment Form

Please complete and submit with payment to the address below

University of Florida International Center
PO Box 113225, 170 Hub, Gainesville, FL 32611-3225
Phone: 352.273.1507
Fax: 352.392.5575
Email: studyabroadfiscal@ufic.ufl.edu

Office use only: Application received by _____ Amount Paid: \$ _____ Ck/Receipt # _____ Date: _____
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Last Name: _____

First Name: _____

UFID: _____ DOB: _____ Gender: Female Male

Citizenship: _____

UF Email: _____

Country of Destination: _____

City of Destination: _____

Departure Date: _____ Return Date: _____

Program / Purpose: _____

Chart Field (if applicable): _____

Departmental contact name and email: _____

*** Please note that travel registration on the UFIC website is **still** required when purchasing CISI.

[Student Travel Registry](#)