



Wright State University International SOS Form



If you are submitting this form electronically, fill-in the form online, save it on your system and send it through the secure app FileLocker (found on the CaTS website at <http://www.wright.edu/information-technology/security/filelocker>) to David Evans. **Do NOT send via email.**

If you are submitting manually, fill-in the form online, take a print-out and submit to the attention of David Evans in E232 Student Union, 3640 Colonel Glenn Hwy. Dayton, OH 45435-0001.

Please include a copy of the first and last page of your PASSPORT with this form.

Name (First, Last):

Passport Number:

Expiration Date:

Destination/Location:

Beginning Date of Travel:

Ending Date of Travel:

Business Purpose:

In-country contact information with complete address (phone numbers optional):

Other information (if any):

Do you have another form of insurance other than SOS?

Yes

No

If 'yes', please include a copy of your insurance papers with this form.

Please include a copy of the first and last page of your PASSPORT with this form.

FOR UCIE STAFF ONLY

Entered to SoS _____

Signature _____

Date _____