

Apply for the ISIC today!



ISIC

Visit your nearest ISIC (Student), IYTC (Youth) {GO25}, or ITIC (Teacher) Issuing Office and purchase your card on the spot. Don't know where to go? Check out your Study Abroad Office.

Applications must be submitted with:

- One 1" x 1" photo (name printed in ink on the back)
- Payment (unless included in program cost)
- Proof of student, faculty, or youth status as described in categories below
- Copy of driver's license, passport, or birth certificate

Terms & Conditions

I hereby certify that this information is true and understand that any false statements on my part may result in forfeiture of all card benefits.

**ATTACH
PHOTO
HERE**

Don't forget about ISIC Premium:
 - Triple medical coverage
 - Protect you ipod, computer and digital camera
 - Piece of mind that you and your belongings are covered!
For more info, see your study abroad office.

Applicant's Signature	Date
Card	Proof Requirements
ISIC (Student)	Photocopy of current school ID with academic year validity visible OR photocopy of your transcript/report card for current academic year.
IYTC (Youth)	Photocopy of valid driver's license, birth certificate, OR passport showing you are under 26 years of age at the time of application.
ITIC (Teacher)	Photocopy of your faculty ID (showing validity for current academic year) OR letter on school stationary from department chair, school principal, OR other school official verifying faculty status or equivalent during the current academic year
Cost	Validity Period
\$30	One year from date of issue.
\$30	One year from date of issue.
\$30	One year from date of issue.

Please read the instructions above before filling out your application. Type or print in clear block letters only.

Please indicate which card you are applying for:

- Student (ISIC)
 Youth (IYTC)
 Teacher (ITIC)
 Student ISIC Card Premium Insurance

Personal Information

Name (first, last) _____

Institution/School Name _____ Expected grad. date (MM/YY) _____

Date of Birth (i.e. 09/Jun/82) _____ School ID # _____

Credit Card Information

Name on Card _____

Billing Address (Street, Apt. #, City, State, Zip) _____

City _____ State _____ Zip _____

Card # _____ Expiration Date (MM/YY) _____

Security Code _____

Mailing Address (U.S. addresses only)

Street _____ Apt. # _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

School Address Stamp (to be completed by institution)

School Address (to be filled out if not stamped above)

Institution/School Name _____

Street _____

City _____ State _____ Zip _____

OFFICE USE ONLY

Int'l ID Card # _____ Year _____

Permanent Address (if different from mailing address)

Street _____ Apt. # _____

City _____ State _____ Zip _____