NORTH CAROLINA A&T STATE UNIVERSITY
STUDENT OVERSEAS INSURANCE ROSTER: AY 2024-25

Name of Institution	NC A&T State University
Name of Program	
Location: City & Country	
Contact Person	Alitta Satchell (agsatchell@ncat.edu)
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Coverage Dates for this Program	
TOTAL NUMBER OF DAYS	

Return Form to: **Office of International Affairs**
1601 East Market Street
Frye Hall, 2nd Floor, Room 213

Greensboro, NC 27411

First Name	Last Name	Date of Birth	Gender	Coverage From	Coverage To
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