

## **RESIDENCY STATEMENT**

If you are a graduate student who is completing their thesis, thesis extension or internship from outside of France, you must fill out this form and return it to the AUP Health Care Coordinator. Please note that question number 9 only applies to you if you are requesting a thesis extension.

**1. Family Name:** \_\_\_\_\_

**2. First Name:** \_\_\_\_\_

**3. AUP ID Number:** \_\_\_\_\_

**4. Phone Number:** \_\_\_\_\_

**5. Email:** \_\_\_\_\_

**6. Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**7. Please circle A, B or C:**

I will be completing my:            A. Thesis            B. Thesis extension            C. Internship

**8. Please provide the address of where you will be completing your thesis/ thesis extension/ internship:**

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**9. If you have registered a thesis extension, please provide the semester you registered the thesis extension in: (Circle one and write the year)**

Fall 20\_\_\_\_\_

Summer 20\_\_\_\_\_

Spring 20\_\_\_\_\_

**10. Please provide the dates of your absence from AUP campus:**

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**11. Please write your name, date and sign below:**

I, \_\_\_\_\_ (First and Last Name), hereby declare that I will not be in France during the entire duration of my thesis/ thesis extension/ internship. I therefore choose not to enroll in the health coverage plan provided by The American University of Paris. I understand that The American University of Paris relinquishes its responsibility for any problem related to my health insurance during this thesis extension semester.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_