INTERNATIONAL STUDENT INSURANCE WAIVER

Please fill out and bring to the International Programs office with proof of your current insurance.
This must be done before you pay for your tuition.

Quarter: ❑ Fall ❑ Winter ❑ Spring ❑ Summer Year: 200_____
Student Name: _____
Student Identification #:_____

This student:
❑ **NEEDS** ❑ **DOES NOT NEED International Medical Insurance**
Coverage Provided by: _____
Policy/Certificate Number: _____
Expiration Date: _____
Signed: _____ Date: _____