

Health Insurance Waiver Form

Name: _____ Student ID: _____

I understand that all international students must purchase health insurance through the Center for International Studies and Programs (CISP) as required by CSU San Bernardino. CISP has thoroughly explained to me that by not purchasing an insurance plan, I will not be covered for repatriation or medical evacuation expenses, and should I become sick, I will be responsible for all expenses incurred. At no time shall I hold the University liable for any medical expenses.

I am asking to waive this requirement for: Fall Spring Summer Year:

For the following special circumstances (Select only one reason):

I am currently taking classes outside the United States.

I am taking a semester off outside the United States.

Student Signature: _____

Date: _____

Office Use Only	Verified by: _____ Date: _____
Request status: ___ Approved ___ Denied	
Health Insurance expires (If applicable): _____	
Comments: _____	
