



BOISE STATE UNIVERSITY
 CENTER FOR GLOBAL EDUCATION

**SPRING/SUMMER 2021
 INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER FORM**

This form is only for use while COVID-19 campus measures are in effect.

The purpose of this form is to request a cancellation of your International Student Health Insurance because you will be studying remotely outside the US for the duration of the insurance coverage period. Waivers will not be granted to students who will be inside the U.S for any portion of the coverage period.

Complete this form & submit it along with a copy of your purchased ticket and/or itinerary that confirms booked reservations for your departure via scan & email to wendyball@boisestate.edu.

Spring/Summer 2021 waiver applications must be received by Friday, 1/15/2021. You will receive email notification at your Boise State email once your request is approved or denied. **Your waiver has only been approved if you receive an email confirming approval.** Waiver applications will not be accepted after Friday, 1/15/2021.

LAST NAME	FIRST NAME	BOISE STATE ID#
DATE OF DEPARTURE FROM U.S. (Attach supporting documentation)		
PLANNED DATE OF RETURN TO U.S.		

*Note: all waivers expire on July 31, 2021

WARNING: Upon approval of this waiver you will no longer have Boise State International Student Health Insurance coverage from the approved waiver start date until the approved waiver end date.

If your travel arrangements change, you will need to contact our office upon making changes or prior to arrival to the US, so that your insurance coverage can be adjusted accordingly.

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SIGNATURE

DATE

For Office Use Only: APPROVED DENIED

Waiver Start Date: _____ Waiver End Date: _____

Authorization: _____ Date: _____ Documents: Attached None