



BOISE STATE UNIVERSITY
 CENTER FOR GLOBAL EDUCATION

**FALL 2021
 INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER FORM**

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

Use this form to request a cancellation of your International Student Health Insurance because you will be studying remotely outside the U.S. for the duration of the Fall 2021 insurance coverage period: 8/1/2021-12/31/2021. Waivers will not be granted to students who will be inside the U.S for any portion of the coverage period.

Fall 2021 waiver applications must be received on or before Friday, 8/27/2021. You will be notified through your Boise State email regarding approval or denial of this request. Your waiver is not approved if you do not receive a confirmation email.

Complete this form & submit it via email to wendyball@boisestate.edu.

Supporting Documentation: A copy of your purchased ticket and/or itinerary that confirms your departure from the U.S. must accompany this request.

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

*Note: Waiver applications will not be accepted after Friday, 8/27/2021. All granted Fall 2021 waivers expire on December 31, 2021

WARNING: Upon approval of this waiver you will be removed from the Boise State International Student Health Insurance coverage for 8/1/2021-12/31/2021. **If your travel arrangements change and/or you return to the U.S before the coverage period end date, contact our office immediately 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