

**Office of International Education**  
**SUMMER INSURANCE WAIVER**

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Students graduating Spring 2025 semester have the option to waive the summer coverage of the UTA Student Health Insurance Plan.

**Instructions:**

Submit this form only online to [international@uta.edu](mailto:international@uta.edu). **Subject line: Summer Insurance Waiver.**  
**DO NOT INCLUDE Full -time waiver in the same email.**

Deadline: January 29, 2025

Incomplete and late waiver forms will **not** be accepted.

**Part I: Completed by Student**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

UTA Email: \_\_\_\_\_ DOB (dd/mm/yy): \_\_\_\_\_

By signing this form, I attest that I will graduate in Spring 2025 semester. I do not wish to be enrolled in the UTA Student Health Insurance Plan for the Summer 2025 semester (5/15/2025 to 8/14/2025). I understand that my coverage will end 5/14/2025.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part II: Completed By Student's Academic Department**

*Pending successful completion of all currently registered courses, the above-named student will complete **all** degree requirements and officially graduate in May 2025.*

Academic Department: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_