



Non F-1 Students

REFUSAL OF PURCHASE OF CAMPUS HEALTH INSURANCE AND RELEASE OF LIABILITY

DATE: _____

NAME OF STUDENT: _____

STUDENT ID#: _____

SEMESTER/TERM: _____

The above-named student has been given the opportunity to purchase the University of Arizona's Campus Health Insurance for the semester/session he/she is enrolled.

Please check the following statement:

This student is covered by private health insurance. A copy of his/her health insurance card is attached.

This student is not covered by private health insurance, and after being given the opportunity to purchase Campus Health Insurance, has REFUSED and DECLINED this coverage.

The student further releases the University of Arizona, The Center for English as a Second Language, its agents, employees and assigns, from any liability resulting from the student not having adequate insurance coverage.

Student Signature

Witness