Petition to Approve Alternate Health Insurance Policy

J-1 Students

The California State University (CSU) and the SDSU International Student Center (ISC) require students to have a current health insurance policy that meets the requirements listed below. If you have one of the policies listed below, complete this form and attach a copy of your policy. If your policy is not listed below you are required to purchase the policy the ISC offers no later than the first day of class.

New Student _____ Continuing Student_____
Name ___________________________________ Red ID____________________________
Email___________________________________ Telephone_________________________

Only the following alternate policies are acceptable and will be approved:

- Fulbright
- ISEP
- The Swedish government (CSN, Kammarkollegiet)
- AON (University of Technology, Sydney)
- The German Academic Exchange Service (DAAD)
- The Norwegian Government
- Chubb Europe (University of Kent students only)
- ACE Europe (Leeds Metropolitan University students only)
- AHI Accident & Health International (Murdoch University students only)

I certify I have one of the policies listed above and have attached proof of enrollment (check one):

_____ My policy is through my home institution ________________________________________________ Name of Institution

_____ I have insurance through Fulbright, DAAD, CSN or other home government sponsor

________________________________________________________ Name of Insurance Company

_____ I have insurance through ISEP __________________________________________________________ Name of Insurance Company

Student Signature: _______________________________ Date: ______________

Your petition will be reviewed within 3-5 working days. If approved, your Insurance Hold will be cleared.

Office Use Only:

PENDING ______ Explanation ____________________________________________________________________
Date Notified _______ Initials ___

APPROVED _______ 
Date Approved __________ Init ___
Date Notified __________ Init ___

DENIED _______
Date Denied __________ Init ___ Reason ____________________________
Date Notified __________ Init ___