Petition to Approve Alternate Health Insurance Policy

J-1 Students

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

New Student_____ Continuing Student_____  
Name ___________________________________ Red ID____________________________________  
Email___________________________________ Telephone____________________________________

I certify I have health insurance that covers my period of study in the U.S. through the institution below and have attached proof of my insurance coverage (check one):

- [ ] Fulbright ___________________________________________ Name of Insurance Company
- [ ] ISEP ___________________________________________ Name of Insurance Company
- [ ] University of Technology, Sydney (Chubb Insurance Australia Limited)
- [ ] The German Academic Exchange Service (DAAD)
- [ ] The Norwegian Government ___________________________________________ Name of Insurance Company
- [ ] University of Kent (Chubb Europe)
- [ ] Leeds Metropolitan University (ACE Europe)
- [ ] Murdoch University (AHI Accident & Health International)
- [ ] The Swedish Government ___________________________________________ 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 _____ Reason _________________________________________________________________  
Date Notified _________ Initials ______

APPROVED _____  
Date Approved _________ Initials ______
Date Notified _________ Initials ______

DENIED _____ Reason _________________________________________________________________  
Date Denied _________ Initials ______
Date Notified _________ Initials ______