



## Office of International Education SUMMER INSURANCE WAIVER

Students graduating Spring 2026 semester have the option to waive the summer coverage of the UTA Student Health Insurance Plan.

## **Instructions:**

Submit this form only online to <a href="mailto:international@uta.edu">international@uta.edu</a>. Subject line: Summer Insurance Waiver.

DO NOT INCLUDE Full -time waiver in the same email.

Deadline: January 29, 2026.

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 2026 semester. I do not wish to be enrolled in the UTA Student Health Insurance Plan for the Summer 2026 semester (5/15/2026 to 8/14/2026). I understand that my coverage will end 5/14/2026.	
Signature:	Date:
Part II: Completed By Student's Academic D	epartment
Pending successful completion of all currently registered courses, the above-named student will complete <b>all</b> degree requirements and officially graduate in May 2026.	
Academic Department:	
Name of Representative:	
Title of Representative:	
Signature:	_ Date:

With few exceptions, you are entitled on your request to be informed about the information U.T. Arlington collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.04 of the Texas Government Code, you are entitled to have U.T. Arlington correct information about you that is held by us and is incorrect. Be assured that your UTA records are protected from unauthorized disclosure by federal law.