

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 international@uta.edu. **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 Department

*Pending successful completion of all currently registered courses, the above-named student will complete **all** degree requirements and officially graduate in May 2026.*

Academic Department: _____

Name of Representative: _____

Title of Representative: _____

Signature: _____ Date: _____