Applicants/Students with J or F visas are required to have and maintain adequate medical and hospitalization insurance as a condition of admission and continued enrollment at MTSU (TBR Policy 2:03:00:00, Section: II.A.3.). This requirement is mandated for the applicant and their spouse and/or dependents. MTSU has partnered with International Student Protection (ISP) to provide comprehensive accident and sickness health insurance for all international students enrolled at MTSU.

MTSU has a “hard-waiver” policy that strictly limits waiver of the mandatory insurance enrollment. Please select the following exception that applies to you:

- [ ] Insurance coverage comparable to the MTSU plan that is provided for the student through a family member's employment benefits from a company within the United States.
- [ ] Insurance coverage provided by your national government as part of a dedicated scholarship program, i.e. Saudi Arabia Cultural Mission or Fulbright Scholarship program.

PART I: REQUIRED DOCUMENTATION
1. Health Insurance ID Card (front & back) or Certificate of Coverage that shows your name, policy/group number, and dates of coverage
2. Summary of Benefits & Coverage (SBC). Note: Your SBC can be obtained from your insurance company, often on their website or in your online account with the company.

PART II: COMPLETED BY STUDENT
Student/Insured Name: __________________________ MTSU ID #: ______________
Name of Insurance Company: __________________________

Beginning Coverage Date: __________________________

Does the plan renew automatically? _________ If not, ending coverage date: ______________

(Note: Proof of coverage must include dates that align with the semester you are requesting a waiver.)

By completing this form you verify you have purchased a policy which provides coverage equal to or greater than the standard set forth by the Tennessee Board of Regents policy 2:03:00:00. You understand that you must inform Graduate Studies immediately should you no longer be covered by the above insurance plan.

______________________________  ______________________________
Student Signature                                                                 Date