



As a participant on a program where the destination country requires me to purchase that country's national health insurance policy, I hereby waive the health insurance coverage offered through the State University of New York and Oswego State University.

I understand that I am solely responsible for purchasing the national health insurance of the country of my destination unless I am able to provide proof indicating that I have health insurance that will provide coverage while I am abroad.

Student Information

Last Name	First Name	Middle Initial
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Social Security Number

Home Campus

Destination Abroad

Semester Abroad

Student Signature

Date