

Request for Compliance Extension

Re: Medical Health Insurance Policy

Name

ID Number

I understand that Southern Illinois University Edwardsville requires all international students to show proof of medical health insurance prior to enrollment each semester. I further understand that insurance is required for the entire semester. I am currently unable to show proof of my insurance, but would like to enroll for my next semester courses. I understand that Health Service is granting this extension based on my acceptance of the following responsibilities:

- I will obtain insurance coverage for the complete semester.
- I will provide a copy of my health insurance card to the Health Service office as soon as I obtain coverage, but not later than the first official day of the semester. I understand that insurance enrollment forms, applications or receipts from online enrollment forms are not acceptable documents to establish compliance with this requirement.

Failure to satisfy the above conditions will result in the following:

- **I will be withdrawn from all of my classes** with no further warning or notification by the University.
- I will be ineligible for student employment and any financial assistance I may be receiving will be terminated. In addition, I will jeopardize my housing eligibility, if I am currently residing in campus housing.
- I may not be eligible to re-enroll as the term will have already begun, seats may no longer be available and authorizations to enroll will be required.
- I will not be eligible to request re-enrollment until I have obtained the University's preferred health insurance coverage. I understand that late compliance with this requirement will not entitle me to re-enrollment or reinstatement in my original class schedule.

I have read this document and understand what is expected of me to comply with the medical health insurance requirement. I further accept the consequences should I fail to comply with this requirement. I will take steps to comply with this requirement as soon as possible to avoid impacting my student status and course enrollment.

Signature

Date