



# INTERNATIONAL STUDENT HEALTH INSURANCE REFUND/CANCELLATION

**\*\*\* Refund processing time will take approximately 60 days from submission \*\*\***

**A. Student to Complete**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Student ID# \_\_\_\_\_ DOB: \_\_\_\_\_  
 This Campus: \_\_\_\_\_ Semester and year: \_\_\_\_\_  
 Refund Mailing Address: \_\_\_\_\_  
 (if applicable) \_\_\_\_\_

**Check one below:**  
 Refund & Cancellation  
 Cancellation only

**Reason for Refund and/or Cancellation (please circle one below):**

1. Returning home. 2. Transferring to another school. 3. Completed studies.	4. Did not attend classes. 5. Student is concurrent from another college (not our I-20) 6. Student Visa status changed. 7. Other: (explain) _____
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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

International Student Advisor initiated   
 International Student Advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. International Student Advisor to Complete**

Certificate No. \_\_\_\_\_ Advisor name \_\_\_\_\_  
 (If available) Contact Phone # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C. Business Office to Complete**

Semester \_\_\_\_\_ Date Fee Paid \_\_\_\_\_ Last Drop Date \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Verification Stamp \_\_\_\_\_

**D. District Office Accounting to Complete** Date Sent to Vendor for claims check: \_\_\_\_\_

Date invoice paid: \_\_\_\_\_ Student listed on paid invoice? \_\_\_\_\_  
 Refund due to student (from campus)  
 Refund/Credit to District (from vendor)  
 Notice to Campus Advisor \_\_\_\_\_ Date \_\_\_\_\_

**E. Vendor to Complete**

Student has no claims Date student was cancelled by vendor \_\_\_\_\_  
 Student has one or more claims Claim Date(s) \_\_\_\_\_  
 Refund amount due: \$ \_\_\_\_\_ Circle one: Full / Partial / Prorated  
 Notes: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_