Global Communities Center

ONE COLLEGE DRIVE • BENTONVILLE AR 72712
STUDENT CENTER • 2ND FL. GLOBAL COMMUNITIES CENTER
PH (479) 619-2224 • FAX (479) 619-2665 • INTERNATIONALPROGRAMS@NWACC.EDU

INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER FORM 2012-2013

Section 1

Last Name_____ First Name _____

Date of Birth_____Visa Type_____

NWACC I.D. #_____NWACC email_____

Current Address: _____

City_____State_____Zip_____

Section 2

In signing this form, I indemnify, and hold no accountability to the NorthWest Arkansas Community College for all financial obligations or claims made as a result of services provided not covered under the international student accident and sickness insurance program.

☐ **I am sponsored by my embassy.**
I have attached a copy of my letter of sponsorship and a copy of my insurance card.

☐ **I have obtained and maintain adequate and acceptable insurance health coverage that meets or exceeds the minimum benefit levels required by the College. I have attached a copy of my insurance card.**

☐ **I do hereby agree to maintain health care insurance, as required by regulations. I understand that I must maintain coverage throughout every semester (including summers) for which I am enrolled at NorthWest Arkansas Community College.**

I understand that this waiver form must be completed and submitted at the time I register for classes. I am aware that if I do not have the required proof of alternate insurance coverage by that time, I will be required to purchase the College's designated policy.

Applicant's signature _____ date _____

Verified by _____ date _____

Please return this form to Global Communities Center
Student Center Room 225