TEXAS A&M UNIVERSITY
CORPUS CHRISTI

INTERNATIONAL STUDENT PROGRAMS & SUPPORT
INTERNATIONALSUPPORT@TAMUCC.EDU
361.825.3346

GRADUATE STUDENT EMPLOYEE INSURANCE WAIVER FORM

I. Student Information: *(To be completed by the student. Local address must be updated in SAIL.)*

Student Name:		**A#:**		**SEVIS ID#:**	
Current/Local Address: *(Mention Apt no:)*					
City:		**State:**		**Zip Code:**	**Phone #:**
Personal Email:		**Islander Email:**			

Student's Academic Information:

Classification:	☐ Masters ☐ Doctorate		
Academic Department:		**Major:**	
Program Start Date:		**Program End Date:**	
Registered Credit Hours(Current):			

Student's Employment Information:

Position:	☐ **GA**	☐ **TA**	☐ **RA**	**The Semester Insurance Waiver is being requested for:**	
Did you have any changes in employment during the semester? ☐ Yes ☐ No *(Explain below)*					
Employment Start Date:				**Employment End Date:**	
Grad Plan Start Date:				**Grad Plan End Date:**	
Supervisor Name:					
Email:				**Phone Number:**	

Signature: _____

Date: