Eastern Michigan University

2023-24 Student Insurance: Special Refund/Fee Removal Request Form

•	this form and provide the required supporting doc ve your charge within 15 business days from the ap	• •	he Student Insurance
Student Name		EID#	
Local Address_		Visa Status F1	_ J1 Other
Telephone #	Email Address		
Note: A reque	st will not be considered without the required	supporting documenta	tion.
Dea	dlines – Fall – 09/07/2023; Winter – 01/12/2	024; Summer – 05/10/	2024
Please Check	Reason for Request	on for Request Supporting Documentation	
	Early Arrival Fee Removal for New Students	Flight Ticket with Arrival	Date
	Completing your Degree Program/Graduating		
	Incoming Transfer Student-United States school		
	Medical		
	Other		
Are you applying	for Optional Practical Training (OPT)? YES	NO	
	en Program Request to OISS if your current I-20 or I	•	
8/31/2024. I also	t if my request is approved, this request will be VAI o understand that if I later choose to continue or re- credit card or personal check.		
Student Signature		Date	
UHS Staff Signatu	ure	Date Receiv	ved
For Office Use O	nlyREQUEST APPROVI	EDREQUEST	DENIED
Reason for Denia	al		

Complete this form and submit with all of the required information to: student_insurance@emich.edu; fax to 734.487.8932; or drop it off in the Student Insurance Office, 370 Student Center.

Date_

Staff Signature____