



Please write legibly, so that there is no delay in your refund.

THE TEXAS A&M UNIVERSITY SYSTEM INTERNATIONAL STUDENT GRADUATING IN MAY REFUND PREMIUM REQUEST FORM					
Date:	Full Name:				
Student ID:	Email Address:				
Phone Number:					
U.S. Mailing Address:					
Care of (if Applicable)			Street, Apt #		
City, State		Zip Co	de		
If the mailbox is not in your name, please provide the c/o (care of) name so that your check will not be returned.					
Campus (check one box):					
Texas A&M University	Texas A&M University		Texas A&M University - Texarkana		
Texas A&M University	Texas A&M University - Commerce		Tarleton State University		
Texas A&M University - Kingsville			Texas A&M University - Central Texas		
	Prairie View A&M University		Texas A&M University - Galveston		
Texas A&M International University			Texas A&M University - San Antonio		
Texas A&M University	- Corpus Christi		West Texas A&M University		

In order to request a refund:

- Provide a copy of a purchased plane ticket with itinerary (not just itinerary), that shows the student returning to their home country in May or June.
- SHIP fee (confirmed by school official) must be paid in full.
- Obtain Signature of school official confirming Completion of Degree program/graduation in May 2020.
- Provide a US mailing address.
- Complete and submit form before May 29, 2020.

If a refund is given, coverage will terminate on June 30, 2020, and the amount refunded will be \$439.

To be completed by School Official:

Please process a refund in the amount of, \$439 to the above referenced student. I have verified that this student has paid the Health Insurance premium that was applied to his/her tuition and fees and also that this student is a confirmed graduate, May 2020.

May 2020 Graduation Confirme	d 🗆
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Payment of Spring 2020	SHIP Fees Confirmed	
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Signature of School Official

Printed Name

Title

Email Address

Return completed form and required documentation to Fax # 1-855-858-1964.