

## **Sponsored Student Check-In Form**

First Name:	Middle N	Middle Name:	
Last/Family Name:	Da	Date of Birth:	
Country of Origin:	Citizen	ship:	
R Number:			
Education level:	Major:		
Spouse's Name (if marrie	d):		
This address information your change of address to address information at the Local Address (In Lubboc	is not shared with Texas Tech Lothe University separately throe International Sponsored Studk):	or J-1 status on Texas Tech programs. Jniversity Records – you must provide ugh Raiderlink. You must update your lent Office each time you move.  Apt:	
		Apt: Postal Code:	
	non-TTU):		
	ss (In Your Home Country):		
Street:			
		ritory:	
Country:		Postal Code:	
Cianatura		Data	



## **Health Insurance Information**

Do you have insurance coverage through your sponsoring program? ☐Yes ☐No		
If yes, name of insurance provider:		
Visa category:		
Immigration document (I-20 or DS-2019) issued by TTU: ☐Yes ☐No		
If no, organization that issued document:		
Please sign below if you require a waiver of the TTU student health insurance plan:		
I understand that it is <b>my responsibility</b> to inform the International Sponsored Student		
Office if there are any changes to my health insurance coverage. I confirm that I have		
adequate insurance that matches or exceeds the coverage required by TTU through my		
sponsor. I request that Texas Tech University waive the TTU student health insurance		
that is otherwise required for all F-1 and J-1 students as long as I am a sponsored		
student with a valid financial guarantee.		
Signature: Date:		