

**Appeal of a Denied Waiver of Participation  
in the Texas Tech University Student Health Insurance Plan**

I am appealing my denial of waiver of participation in the Texas Tech University Health Insurance Plan.

I understand that that this appeal is subject to the review by the Vice-Provost for International Affairs and that all decisions are final. Furthermore, I understand that if this appeal is denied, I will be billed for Student Insurance charges, if it has not already been done.

My reason for appeal is based on one of the following criteria:

- \_\_\_ 1. I am a non-immigrant who is either sponsored by the United States Government, a foreign government recognized by the United States of America, or certain international, government sponsored or non-governmental organizations.
- \_\_\_ 2. I have U.S. employer based insurance.
- \_\_\_ 3. I am a student whose spouse or parent is covered by U.S. employment based insurance under which I am included.
- \_\_\_ 4. A humanitarian situation.

Please provide any new evidence supported by new documentation that might reverse the denial on your original waiver application. Provide a copy of your waiver application and denial notice.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student ID No.: \_\_\_\_\_

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**Forward the completed form with supporting documentation attached to the Vice-Provost for International Affairs, Office of International Affairs, Box 1036, Lubbock, TX 79409-1036.**

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Appeal requested is \_\_\_ Approved \_\_\_ Denied \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Initials \_\_\_

Reason for denial: \_\_\_\_\_

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