



International Center

**International Student Health Insurance  
Refund Form**

Please be advised: Your last quarter must be verified in University records by International Center staff. The request will then be faxed to Scholastic Insurance Company. The insurance company will check your file. If you have made a claim, then the quarter that the claim was paid will be your final quarter. They estimate it will take at least four to six weeks after that to process the refund. You may designate someone else to receive your check if it is more convenient for you, however the check will be in your name.

**Student's Name:** \_\_\_\_\_

**Bronco ID#:** \_\_\_\_\_

**Quarter you last paid for insurance:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**Final quarter of attendance at Cal Poly:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Reason for refund (Please check):**

\_\_\_\_ Graduation                      \_\_\_\_ Withdrawl                      \_\_\_\_ Transfer  
\_\_\_\_ Change of status                      \_\_\_\_ Leaving the U.S.                      \_\_\_\_ End of J-1 program

**Person and address where you want the refund send (if it is not you, please use c/o):**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Country**

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Date**

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*Office Use Only:*

Last quarter enrolled: \_\_\_\_\_

Refund amount: \$ \_\_\_\_\_

Recommended by: \_\_\_\_\_

Date: \_\_\_\_\_