

Agreement for Exemption Insurance

I,(Mr./Ms./Mrs.)....., a student of program, student's ID number, have already obtained an insurance from which covers the period of insurance from..... to So, I kindly request you to exempt me from using the insurance provided by the university.

I aware that the University will not be responsible for any issues regarding Insurance once you have signed this document.

Student signature : _____
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Office of Graduate Studies : _____
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Date : _____