



**CENTER FOR SPECIAL ADMISSIONS
AND INTERNATIONAL AFFAIRS**
CSU BAKERSFIELD

**Division of Enrollment Management
California State University, Bakersfield**

47 SA
9001 Stockdale Highway
Bakersfield, California 93311-1022

(661) 654-6113
internationaladmission@csub.edu

International Student Health Insurance Purchase Agreement Form

I understand that, as a condition of enrollment as an F-1 international student within the California State University (CSU) system, it is my legal responsibility to purchase and continuously be covered under the university approved group health insurance policy even if I have an alternative policy. Furthermore, I understand that California State University, Bakersfield (CSUB) requires that I purchase the CSUB-approved policy. You will receive an email shortly after you enroll in classes with directions on how to purchase the university approved health insurance policy.

I understand that if I do not comply with this requirement, I will be prevented from registration and subject to disenrollment from my classes (and subject to pro-rated fees), which will result in a loss of my F-1 status/ I-20 cancellation.

In order to fill out and sign this form, you must have Adobe Acrobat/Reader. If you don't have it, please download Adobe Reader at: <https://its.csub.edu/support/software-downloads> (choose PC or Mac)

Student's Name (Please Print)

Student's Signature

Date (Month/Day/Year)