ESF
Office of
International Education

STUDY/RESEARCH IN HOME COUNTRY REQUEST FORM

o This form is intended for use by students who will be pursuing study or research from their home country.
o Please fill out the form and obtain the necessary advisor approval, and return to oie@esf.edu.
o Please note that despite the withdrawal from the SUNY International Health Insurance Plan, OIE cannot authorize a waiver of the required medical evacuation and reparation fee.
o Please note that if you are a J-1 student, your opportunity to withdraw from the plan may be limited due to your visa status.
o We are able to accept physical, digital, scanned, or email confirmation signatures as necessary.

Student Information

Name (First & Last): _____

Email: _____ Phone Number: _____

Major: _____ Degree Level/Year: _____

Local Address: _____

Immigration Status: ☐ F-1 Visa ☐ J-1 Visa ☐ Other (please specify): _____

Country of Permanent Residence: _____

Country of Residence for requested semester: _____

City of Residence for Requested Semester: _____

Semester requested for study in home country (eg Fall 2023): _____

Date of Departure from U.S.: _____ Date of Anticipated Return to U.S.: _____

Purpose of study/research: _____

Number of credits registered for requested semester: _____ Visa Expiration Date: _____

Emergency Contact Information

Name (First & Last): _____

Email: _____ Phone Number: _____

Relation to you: _____

Signature and Approval

By signing, I certify that I will be studying 100% online from home during the requested semester. As a result of this, I will not be in need of the SUNY International Health Insurance Plan and request to have this insurance requirement waived for my semester. I acknowledge that by waiving the insurance I will have no coverage from the SUNY International Health Insurance Plan until the next available semester.

Signature: _____ Date: _____

Advisor signature

I certify that the above is correct to the best of my knowledge and authorization.

Signature: _____ Date: _____