



International Student Services

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Intent to Study from Outside the U.S. in Fall 2020

Student ID (Z#): _____

By signing this form, I confirm that I do not intend to be physically present in the U.S. during any part of the Fall 2020 semester and I will not return to the U.S. before January 2021.

I understand that Florida Atlantic University requires me to have continuous health insurance coverage that complies with the Florida Board of Governors requirements when I am in the United States.

It is my responsibility to comply with this requirement. If my plans change and I return to the U.S. before January 2021, I understand that my F-1 status under Florida State University's sponsorship requires me to have health insurance that meets the Board of Governors requirements.

I confirm that I will purchase, prior to my arrival in the U.S., health insurance that meets those requirements. I am exclusively responsible for having adequate health insurance when in the U.S. holding F-1 status through my active SEVIS record held by Florida Atlantic University.

Name (please print): _____

Signature: _____

Date: _____