



Student Health Services  
Division of Student Affairs  
777 Glades Road, SS-8W 240  
Boca Raton, FL 33431  
tel: 561.297.3512  
fax: 561.297-0221  
[www.fau.edu/shs](http://www.fau.edu/shs)  
[insurance@fau.edu](mailto:insurance@fau.edu)

## **CONDITIONAL REGISTRATION PERMIT**

Name: \_\_\_\_\_

Z#: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

### **READ CAREFULLY PRIOR TO SIGNING**

I understand that I am being granted conditional permission to register for the 2017 fall semester at FAU pending receipt of proof of insurance, per the FAU international student requirement. I certify that I am familiar with the FAU international student insurance requirement and that it is my responsibility to provide acceptable proof of insurance to Student Health Services prior to May 5, 2017.

Failure to comply with FAU international student insurance requirements by May 5, 2017 will result in an administrative withdrawal from your classes. If dropped from your classes, you will be in violation of your immigration status, which will result in termination of your I-20.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Health Services – Approval

\_\_\_\_\_  
Date