



How to Submit an International Waiver

Select the International Waiver Form


1. Provide your last name/family name, First Name/Given Name, Student ID Number and Undergraduate or Graduate.

1. Last Name/Family Name * 


Smith

2. First Name/Given Name * 

Jane

3. VT Student ID Number * 


900000000

4. Are you an undergraduate or graduate student? * 

☒ Graduate

☐ Undergraduate

2. If you selected Graduate Student, indicate if you have a .50 assistantship

4. Are you an undergraduate or graduate student? * 

☒ Graduate

☐ Undergraduate

3. Indicate if you will be in the US for the Fall 2024


➡ 6. Will you be in the US for Fall 2024? * 

☒ Yes

☐ No

a. If no, indicate if you are a one-semester exchange student


4. Then indicate if you will be in the US for the Spring 2025

➡ 7. Will you be in the US for Spring 2025? * 

☒ Yes

☐ No

5. Then indicate what your visa status is


➡ 8. What is your visa status? * 

☐ F-1

☒ J-1


☐ Other

6. Indicate if you plan to Graduate this academic year and the date of when you would graduate

➡ 9. Do you plan on graduating from Virginia Tech this academic year? * 


☐ Yes


☒ No

➡ 10. If you answered Yes to the above question, please select your date of graduation: * 


Select next at the bottom of the page

7. Here you will fill out the information of your Insurance Plan, provide your Insurance Company name, provide your Policy Number, Provide the date that your coverage begins (note the start date must be effective on August 1st or the first day of classes which is August 26th), provide the date that your coverage ends (note your insurance must be valid through July 31st), provide your insurance companies phone number.


Policy Information 


➡ 10. Insurance Company Name * 


Enter your answer


➡ 11. Policy Number * 


Enter your answer

➡ 12. When does your coverage begin? Insurance coverage must be effective on August 1, 2024, or the first day of classes (August 26). * 

Please input date (M/d/yyyy) 


➡ 13. When does your coverage end? Insurance coverage must be valid through July 31st, 2025, or the end of the month you graduate. *If you are graduating and only have coverage through the end of that month, please provide a letter from your department through email - stating you are on track to graduate and when.* * 

Please input date (M/d/yyyy) 

➡ 14. Insurance Company Phone Number * 


Enter your answer

8. Confirm that your policy meets all the requirements listed by selecting each requirement

➡ 15. Does the policy offer adequate provider care within 50 miles (80 kilometers) of the campus of enrollment? * 


☒ Yes

☐ No

➡ 16. Is the policy deductible \$500 or less? * 


☒ Yes

☐ No

➡ 17. Does this policy have **no** annual or lifetime limits on medical, mental health, substance abuse, and prescription medication benefits? * 


☒ Yes

☐ No

➡ 18. Does the policy provide a minimum of \$25,000 for repatriation of remains AND \$50,000 medical evacuation to the home country? * 


☒ Yes

☐ No

➡ 19. Are medical expenses for pregnancy, childbirth and complications of pregnancy treated as any other illness under the policy, regardless of gender? * 

☒ Yes


☐ No

➡ 20. Does the policy cover pre-existing conditions for the entire policy term with no waiting period? * 

☒ Yes


☐ No


9. Next you will need to upload a copy of your certificate of coverage, upload your full policy in English and upload any document that you feel would be helpful in having your waiver reviewed

➡ 21. Please upload your certificate of coverage (DO NOT UPLOAD AN INSURANCE CARD OR A PAPER WAIVER FORM) (Non-anonymous question①) * 


 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

➡ 22. Please upload your full policy in English (DO NOT UPLOAD AN INSURANCE CARD OR A PAPER WAIVER FORM) (Non-anonymous question①) * 

 Upload file


File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

➡ 23. Please upload any other documentation you feel would be helpful in having your waiver reviewed. (Non-anonymous question①) 

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

10. Lastly read the 4 statements and confirm you read them all by selecting them

➡ 24. By checking below, I certify the following: * 

Please select 4 options.

- ☐ I understand that I am responsible for any medical expenses incurred during my enrollment, and neither Virginia Tech nor any clinical site will be responsible for my medical expenses.
- ☐ That I have answered all of the questions to the best of my ability and the coverage indicated above is now in force,
- ☐ That I understand and am in compliance with university insurance requirements, and
- ☐ That I am requesting a waiver to the requirements based on the compliance of the insurance I have purchased

Select submit