

AGREEMENT TO PURCHASE CAL POLY POMONA GROUP HEALTH INSURANCE

This form is a part of the application process and is necessary before your I-20 can be issued.

I understand that as a condition of enrollment as an international student at Cal Poly Pomona I will be required to purchase the annual university group health insurance policy even if I have an alternative insurance policy.

Further, I understand that the pro-rated annual premium will be charged to my University account in my first quarter of attendance at Cal Poly Pomona. The 2008-2009 premium is \$816.00 for students beginning fall quarter, \$612.00 for winter quarter, \$408.00 for spring quarter and \$204.00 for summer quarter.

For more information, please consult the International Center's web page at:
<http://www.csupomona.edu/~international/>

_____ Name	_____ Bronco Number
_____ Signature	_____ Date

What quarter are you applying to begin at Cal Poly Pomona? _____

Return to:

Office of Admissions
California State Polytechnic University Pomona
3801 West Temple Ave
Pomona, CA 91768