UNIVERSITY OF CALIFORNIA SAN DIEGO, STUDENT INSURANCE OFFICE
9500 GILMAN DRIVE, MC 0039, LA JOLLA, CA 92093-0039
(858) 534-2124 OFFICE (858) 822-5910 FAX

SHIP WAIVER APPEAL APPLICATION

STUDENT NAME:	**STUDENT PID#:**
UCSD E-MAIL:	**DATE OF BIRTH:**
PHONE NUMBER:	

Instructions: Please read carefully BEFORE filing an appeal.

- **If your SHIP Waiver Application was denied because the waiver was filed after the deadline, DO NOT FILE AN APPEAL. Appeals will not be considered for students who missed the deadline.**
- SHIP Appeal Forms must be received within 5 days of the denial of the SHIP Waiver Application.
- Appeals will only be considered for the current/future term(s).
- All appeals will be reviewed and determinations made by the SHS Management staff within 5 business days of SHS's receipt of the Appeal Form, unless advised otherwise.
- Evaluation of the appeal will be based on the waiver requirements and waiver process in effect at the time the original Waiver Application was reviewed.
- By completing a SHIP appeal application, you are agreeing that all determinations are final and, you will be enrolled into SHIP for the current quarter and all subsequent quarters if your appeal is denied.
- You may be eligible to waive SHIP beginning with the next quarter.

Reason for appeal*:

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*Be sure to attach any supporting documentation. Fax or hand-deliver appeal to the Student Health Insurance Office.

Appeal applications will be reviewed and a determination made within 5 business days of the receipt of the request, unless advised otherwise. A written response will be sent to the student's UCSD e-mail.

_____ _____
Applicant's signature Date