



International Student Center

INTERNATIONAL STUDENT INSURANCE REFUND REQUEST

You are eligible for a refund to your international student insurance if you are currently in your home country due to COVID-19 and are enrolled in at least 1 unit of classes at PCC for the Spring 2021 semester.

FOR STUDENT TO COMPLETE	
Last Name:	
First Name:	
Date of Birth (MM/DD/YY):	
Lancer ID#:	
Phone Number:	
PCC Email Address:	@go.pasadena.edu

I. Document to submit (for current & transfer students only):

☐ Travel History: You can get it at <https://i94.cbp.dhs.gov/i94/>

II. Please read and initial each statement carefully:

- ☐ I understand that if I choose to get a health insurance refund, I **will not** be able to re-enroll in the insurance for the rest of **Spring 2021** semester.
- ☐ I understand that I can only request a refund if I am currently **outside** the United States and am enrolled in at least 1 unit of classes during the **Spring 2021** semester.
- ☐ I understand that this international insurance refund is only valid for **Spring 2021** semester.
- ☐ I understand I must sign-up for a **BankMobile account** in order for my refund to be processed. View instructions on [How to Receive your Refund through BankMobile](#).

I state that the information I am providing on this form is true. I further understand that it is a violation of United States law to give false information to Pasadena City College.

Student Signature:	Date (mm/dd/yy):
--------------------	------------------

For office use only:

Initials _____ Date _____ Units _____ SEVIS _____ Req. Log _____ SARS _____ Email _____