

**Recognizance for Waiving International Student
Insurance Plan,
National University of Kaohsiung**

I, _____(full name), enrolled in Inst. /Dept. of
_____ at NUK from _____(yyyy/mm/dd),
hereby declared that I refused to join the International Student
Insurance Plan regulated by the National University of Kaohsiung
for I have arranged my own insurance plan as the attached
documents. Should there be any illness or diseases occurred, I will
take full responsibility for all medication expense during ____ -
year of study.

Signature of Declarer: _____

Student ID Number: _____

Passport Number: _____

Phone Number: _____

Date: _____