Northwestern | STUDENT HEALTH INSURANCE

Fall 2025 Graduation NU-SHIP Cancellation Form

Name: _____ Date: _____/ _____/ _____

Student ID #:_____ Date of Birth: _____/ _____/ _____
(# on Wildcard) (mm) (dd) (yyyy)

Academic Program: _____

Reason for Termination: ☐ Graduation Date: _____/ _____/ _____
(expected graduation date)

Please note we are only able to process the graduation cancellation as of the end quarter in which you actually graduate. ***Graduation cancellations requests submitted after the applicable deadline (12/9/25) will not be honored or processed.*** I request to terminate my coverage under the Northwestern Student Health Insurance Plan (NU-SHIP), provided through Aetna Student Health, at the end of:

☐ **Fall Quarter 2025**

Coverage terminates 12/31/2025

I understand that once my cancellation request has been processed, I cannot re-enroll in NU-SHIP coverage. (Domestic students: please ensure that you have alternate coverage that meets all federal requirements for health insurance under the Affordable Care Act, prior to completing your cancellation request. International students: please ensure that you have adequate health insurance coverage for the full duration of your stay in the United States, per the terms of your U.S. visa.)

Signature: _____
(please sign in ink)

Please submit this form back to our office via email at
student.insurance@northwestern.edu.

You will be notified via email once your cancellation request has been processed; requests may not be processed until the Northwestern Student Health Insurance Office confirms your applicable graduation/withdrawal status in CAESAR.

The Northwestern Student Insurance Office does not issue refund checks.

Please contact Student Accounts (Evanston campus: 847.491.5224 / Chicago campus: 312.503.8503) for information regarding your refund.