SGA / PhD Student Fall Term NUSHP Coverage Request

PhD Students supported by a Stipended Graduate Assistantship (SGA) during the Fall term of any academic year may receive coverage under the Northeastern University Student Health Plan (NUSHP) through their SGA. PhD students who will be supported by an SGA in the Spring term of an academic year and will be away from campus during the Fall term of the same academic year are eligible to request that their Spring SGA award include coverage under NUSHP for the entire academic year provided the PhD student is:

• A continuing student enrolled in a Northeastern PhD major and supported by an SGA for at least 1 semester in the previous academic year; and
• Engaged in Fall term activities for academic purposes that require the student to be away from campus such as an internship or engaging in research at another location within or outside the United States; and
• Enrolled as a full time student during the Fall term; and
• In academic good standing and making acceptable progress in research.

To request Fall Term NUSHP coverage, students should complete and submit the following before September 15th.

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Student's NUID#:</th>
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</thead>
<tbody>
<tr>
<td>Student’s Mailing Address:</td>
<td>PhD Major:</td>
</tr>
<tr>
<td>First term enrolled as a PhD Student:</td>
<td>PhD Advisor:</td>
</tr>
<tr>
<td>Student’s Phone Number:</td>
<td>Student’s myNEU email address:</td>
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</tbody>
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Describe the reason for being away from campus during the Fall term and the associated education activity:
The following approvals are required to certify that the Fall term NUSHP will be covered by a future SGA. In the event the student does not receive the Spring term SGA, the NUSHP cost will be charged to the student’s department.

By signing below, I am confirming that this student requesting NUSHP coverage is in academic good standing and making satisfactory research progress. This student is away from campus during the fall term for education purposes described on the previous page. I agree that the Spring SGA should pay for a full year of NUSHP coverage. I understand that in the event that this student does not receive the Spring SGA that the full cost of the NUSHP will be charged to the student’s major department.

Name: ________________________________
PhD Advisor Printed Name

PhD Advisor Signature/Date

Name: ________________________________
Department Chair / Dean Printed Name

Department Chair / Dean Signature/Date

Electronic signatures are not accepted, meaning all signatures must be handwritten. The form can be printed, signed, and scanned. This completed form should be scanned and submitted to the PhD Network by uploading it through the NUSHP Coverage Request form at: https://phd.northeastern.edu/NUSHPCoverageRequest/.

☐ Approved

☐ Not Approved
Reason not approved:

Name: ________________________________
PhD Network

Signature / Date