

Summer Bridge Program  
Health Insurance Certification 2024

STUDENT'S NAME: \_\_\_\_\_

UNI: \_\_\_\_\_

CU EMAIL ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

I certify that I have my own health insurance coverage, and I do not need to enroll in the health insurance provided by Columbia University.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_