

Secretary of State  
Certificate and Order for Filing  
**TEMPORARY ADMINISTRATIVE RULES**  
A Statement of Need and Justification accompanies this form.

I certify that the attached copies\* are true, full and correct copies of the TEMPORARY Rule(s) adopted on April 15, 2008 by the

Oregon University System, Portland State University	577	
Agency and Division	Administrative Rules Chapter Number	
Tanja Dill	Portland State University, FADM, PO Box 751, Portland, OR 97207	(503) 725-3701
Rules Coordinator	Address	Telephone

to become effective May 1, 2008 through October 24, 2008.

**RULE CAPTION**

Amends Portland State University's Rule Regarding Health Insurance Requirements for Non-immigrant International Students and Dependents

**Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.**

**RULEMAKING ACTION**

List each rule number separately, 000-000-0000.

Secure approval of new rule numbers (Adopted rules) with the Administrative Rules Unit prior to filing

**ADOPT:**

**AMEND:** OAR 577-030-0080 (renumber to 577-034-0001)

**SUSPEND:**

Stat. Auth.: ORS 351

Other Auth.:

Stats. Implemented: ORS 351.070

**RULE SUMMARY**

The proposed amendments update Portland State University's administrative rule establishing health insurance requirements for non-immigrant international students and their dependents living in the United States. These amendments provide greater detail than the current rule, consistent with current University practice. A copy of the Notice of Proposed Rulemaking, Statement of Need and Fiscal Impact and the text of the proposed rules can be found at <http://www.pdx.edu/fadm>

Authorized Signer	Printed name	Date
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\*With this original and Statement of Need, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules. ARC 940-2005