

DU Health & Counseling Center

2009 – 2010 Health & Counseling Fee Enrollment Form

Student Information			
Last Name		DU ID #	
First Name		Phone #	
Continuous Enrollment or NOT Auto Assessed			
\$140 <i>Each Quarter</i>			
Circle the Current Term			
<i>Students may only enroll in the current term. A new form and payment must be submitted each term.</i>			
	Coverage Dates		Coverage Dates
Fall 200970	Sep 1 – Jan 3	Spring 201030	Mar 22 – Jun 13
Winter 201010	Jan 4 – Mar 21	Summer 201050	Jun 14 – Aug 31
<input type="checkbox"/> I pay for the premium. Personal Check or Money Order Make check or money order payable to DU. <div style="text-align: center;"># _____</div>			
<input type="checkbox"/> My Financial Aid pays for the premium. Please charge the fee to my student account.			
<input type="checkbox"/> My Graduate Program pays for the premium. Please ask the person in your program who approved the payment to sign this form and enter the award into the Financial Aid System. Budget Officer Name: _____ Extension: _____ Date: _____ Budget Officer Signature: _____			
I have carefully read the student health and counseling center handbook and elect to enroll as indicated. I understand my coverage period and the services covered by the health & counseling fee.			
Student's Authorization Signature		Date	: / /
HCC OFFICE USE ONLY			
Jill • Jeremiah • Sarah • Melody • Erica • Other:		AST Initials :	



Form & payment must be received at:
The DU Health & Counseling Center
2240 E Buchtel Blvd 3N / Denver, CO 80208
Phone 303.871.4136 • Fax 303.871.4242
Attn: Administrative Support Team