

DU Health & Counseling Center

2010-2011 Health & Counseling Fee Enrollment Form

Student Information			
Last Name		DU ID #	
First Name		Phone #	
Continuous Enrollment or NOT Auto Assessed			
\$144 Each Quarter			
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	September 01, 2010- January 02, 2011	Spring 201030	March 21, 2011-June 12, 2011
Winter 201010	January 03, 2011-March 20, 2011	Summer 201050	June 13, 2011 – August 31, 2011
<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 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			
			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