

DU Health & Counseling Center  
**2013-2014 Health & Counseling Fee Enrollment Form**

Student Information			
<b>Last Name</b>		<b>DU ID #</b>	
<b>First Name</b>		<b>Phone #</b>	
Continuous Enrollment or NOT Auto Assessed			
\$156 <i>Each Quarter</i>			
<b>Circle the Current Term</b>			
<i>Students may only enroll in the current term. A new form and payment must be submitted each term.</i>			
	<b>Coverage Dates</b>		<b>Coverage Dates</b>
<b>Fall</b> 201370	September 01, 2013- January 05, 2014	<b>Spring</b> 201430	March 24, 2014-June 15, 2014
<b>Winter</b> 201410	January 06, 2014-March 23, 2014	<b>Summer</b> 201450	June 16, 2014 – August 31, 2014
<input type="checkbox"/> <b>I pay for the premium. Personal Check or Money Order</b> Make check or money order payable to DU. <div style="text-align: center;"># _____</div>			
<input type="checkbox"/> <b>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.</b> <b>Budget Officer Name:</b> _____ <b>Extension:</b> _____ <b>Date:</b> _____  <b>Budget Officer Signature:</b> _____			
I have carefully reviewed the DU HCC HCF information ( <a href="http://www.du.edu/duhealth/general/health-counseling-fee/index.html">http://www.du.edu/duhealth/general/health-counseling-fee/index.html</a> ) and elect to enroll as indicated. I understand my coverage period and the services covered by the health & counseling fee.			
<b>Student's Authorization Signature</b>		<b>Date</b>	: / /
Form & payment must be received at: Health & Counseling Center 2240 E Buchtel Blvd Denver, CO 80208-3230 Phone 303.871.2205 Fax 303.871.4242			



UNIVERSITY of  
**DENVER**

STUDENT LIFE  
 Health & Counseling Center