

**DU Health & Counseling Center**  
**2015-2016 Health & Counseling Fee Enrollment Form**  
 2240 E Buchtel Blvd, Ritchie Center 3N, Denver, CO 80208  
 Phone: 303-871-2205 Fax: 303-871-4242

<b>Student Information</b>			
<b>Last Name</b>		<b>DU ID #</b>	
<b>First Name</b>		<b>Phone #</b>	
<b>Continuous Enrollment or NOT Auto Assessed</b>			
<b>\$170 Each Quarter</b>			
<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> 201570	September 01, 2015- January 02, 2016	<b>Spring</b> 201630	March 20, 2016 - June 11, 2016
<b>Winter</b> 201610	January 3, 2016 - March 19, 2016	<b>Summer</b> 201650	June 12, 2016 - August 31, 2016
<input type="checkbox"/> <b>I pay for the premium. Form &amp; Payment must be received at the DU Health &amp; Counseling Center            Personal Check or Money Order # _____</b>			
<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>	: / /



UNIVERSITY of  
**DENVER**

**STUDENT LIFE**  
 Health & Counseling Center