## The College of Saint Rose

Part Time Student Health Service Acceptance Form (Must be completed and processed *each* semester)

## PART-TIME STUDENT HEALTH SERVICE FEE

The College offers a \$45.00 per semester Health Service fee for part time students. This includes graduate students registered for six to eight credit hours, and undergraduate students registered for six to eleven credit hours per semester. If you wish to utilize Health Services during the current (fall or spring) semester, complete this form, return it to the Office of Health Services, and your student account will be billed an additional \$45.00 for the semester.

Name:	Status: Grad/UG (circle one)
	se Print)
ID#:	Semester:
	(Fall or Spring, and Year)
Please check box be	elow:
Yes - I choose to my studer	the option to use the campus Health Service and authorize the \$45.00 fee to be charged t account.
Student's signature:	Date:
Return this form to:	The College of Saint Rose Office of Health Services 190 Partridge Street Albany, NY 12203 (518) 454-5244 (518) 454-2007 (fax)
For Office Use:	
	Received in Office of Health Services
	Part time health service fee billed to student's account