



2021-22 Health & Related Service Fee Waiver

Enrollment Periods:

Fall Semester: 08/01/2021-09/30/2021

Spring Semester: 01/01/2022-02/15/2022 (New Students Only)

Summer Semester: 05/15/2022-06/30/2022 (New Students Only)

Please Complete all Information:

Student's Name: _____

CU Email address: _____

School of Registration: _____

Phone Number: _____

Full-Time CUIMC Employee Request:

Department Student is Employed by: _____

Department Address: _____

Department Telephone Number: _____

Department Administrator Name (Print): _____

I understand that I will not have access to any Student Health on Haven Resources as an employee who waives the Health & Related Services fee.

Student Signature _____

Date _____

Dept. Administrator/Director _____

Tel.: _____

Print

Dept. Administrator/Director _____

Date _____

Signature

EMAIL FORM TO: shsinsurance@cumc.columbia.edu or FAX: 212-342-3947

Location: 100 Haven Avenue Suite 230, NY, NY 10032

Website: www.cumc.columbia.edu/student/health