

Student Health Fee Exemption Request

Student Information

Name: _____ LU ID#: _____
Last First M.I.

Phone: _____ Email: _____

Term: Fall Spring Year: 20____

Exemption for the student health fee will be considered only for semesters where one or both of the conditions below are met during the semester:

Yes No I am enrolled in a program or a course that requires me to be away from the
 Liberty University campus for more than half of the semester.

If you marked yes, provide the course subject and number (ex: BUSI 320) or
the name of the program: _____

Yes No My local commuter address is outside of the Central Virginia region. The
 Central Virginia region includes all addresses within the counties of Amherst,
Appomattox, Bedford, and Campbell as well as the cities of Lynchburg and
Bedford.

If you marked yes, provide your local commuter address:

By submitting this form, I certify that I have answered these questions truthfully for the semester for which I am requesting an exemption from the Student Health Fee. I understand that falsified or incomplete statements on this application may lead to exemption request denial.

For Official Use

Approved
Denied
Date