



# HEALTH FEE EXEMPTION REQUEST FORM

## Student Information

Please Return completed form to the Admissions & Records Office along with supporting documentation.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
*Last First M.I. Or last 4 digits of SSN*

Address: \_\_\_\_\_  
*No. & Street City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I request Exemption from the Student Health Fee:

I depend exclusively upon prayer for healing in accordance with the teaching of a bona fide religious sect, denomination, or organization. (Ed. Code 76355). Attach verification documents.

I am attending Evergreen Valley College under an approved apprenticeship training program. (Ed. Code 76355). Attach verification documents.

**\*\*All Fee Waivers require Dean of Enrollment Service's approval.**

Term:  Fall  Spring  Summer Year 20\_\_\_\_\_

**Please explain the reasons for your request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_ **Date**  
*Student Signature*

## Dean of Enrollment Services only

Approved  Denied Reason: \_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **Date**  
*Dean of Enrollment Services Name (print name) Signature - Dean of Enrollment Services*

## Vice President of Student Services Use Only

Approved  Denied Reason: \_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **Date**  
*VP of Student Services Name (print name) Signature - VP of Student Services*