

STUDENT HEALTH CENTER  
ENROLLMENT APPLICATIONS  
2008-2009 ACADEMIC YEAR

Name: \_\_\_\_\_ Banner#: \_\_\_\_\_

Permanent/Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent/Home Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_

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

- Yes, I want to be enrolled in the USI Student Health Center program. I understand that I will be billed \$47 with my tuition and fees each continuing semester that I am enrolled. I also understand that I can enroll in this program at any time. If I wish to withdraw from the program, I must contact the USI Student Health Center by 4:30 p.m. on Friday, September 26, 2008 for Fall semester or by 4:30 p.m. on Friday, February 6, 2009 for Spring semester.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if not of legal age): \_\_\_\_\_

- Students living in University housing are automatically enrolled and do not need to complete this enrollment form.
- An inflationary increase may take effect at the beginning of each academic year.

Return to: USI Student Health Center  
Health Professions Center  
8600 University Boulevard  
Evansville, Indiana 47712  
812-465-1250