

STUDENT HEALTH CENTER
ENROLLMENT APPLICATIONS
2009-2010 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 25, 2009 for Fall semester or by 4:30 p.m. on Friday, February 5, 2010 for Spring semester.

Student Signature: _____

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