EMAIL FORM TO: shinsurance@cumc.columbia.edu or FAX: 212-342-3947
Location: 100 Haven Avenue Suite 230, NY, NY 10032
Website: www.cumc.columbia.edu/student/health

2019-20 Student Health Service Waiver

Enrollment Periods: Fall Semester: 08/01/2019-09/30/2019
Spring Semester: 01/01/2020-02/15/2020 (New Students Only)
Summer Semester: 05/15/2020-06/30/2020 (New Students Only)

Please Select Waiver Type:

☐ 50 Miles Away* ☐ Full-Time Columbia University/NYPH Employee

*Bassett Students are not allowed to waive the SHS fee.

Please Complete all Information:

Student’s Name: ____________________________________________________________
CU Email address: __________________________________________________________
School of Registration: ______________________________________________________
Phone Number: __________________________

50 Miles Away Request:

Semester: ☐ Fall 8/15-12/31 ☐ Spring 01/01-8/14 ☐ Summer 05/15-08/14

Dates of Waiver Requested: __________________________________________________
Institution of Study/Research: ________________________________________________
Address of Institution of Study/Research: ______________________________________

Must be more than 50 miles away from Columbia University

Full-Time Employee Request:

Department Student is Employed by: ____________________________________________
Department Address: _________________________________________________________
Department Telephone Number: __________________________
Department Administrator Name (Print): ________________________________________

I certify that I will be in residence at the location and for the semester noted above for which the waiver is requested, that I live more than 50 miles from the Columbia University Irving Medical Center Campus, and that I will be attending no classes during this period for which the waiver is requested.

I understand that I will not have access to any Student Health Service Resources as an employee who waives the Student Health Service fee.

Student Signature_________________________ Date________________
School Dean or Dept. Administrator_________________________ Print
Tel.: __________________
School Dean or Dept. Administrator_________________________ Date________________
Signature