

Health Fee Appeal Request

Student Information

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

Email: _____ Phone: _____

Term: Fall Spring Year: 20_____

Exemption for the student health fee will be considered only for semesters where one or both of the following conditions 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 signing below, I certify that I have answered these questions truthfully for the semester for which I am requesting a Student Health Fee exemption from. I understand that falsified or incomplete statements on this Health Fee Appeal Request form may lead to the denial of my exemption request.

Signature

Date