

**Boston College Health Services
Campus Health Fee Waiver Form
For Non-Resident Students Only**

This form is not automatically processed via AGORA.

This form must be downloaded, printed, signed and mailed/returned to:

**Boston College
Health Services Rm. 005
140 Commonwealth Avenue
Chestnut Hill, MA 02467**

Date: _____

This is to acknowledge that, _____
PRINT STUDENT'S NAME

is a non-resident undergraduate student at Boston College and has elected to waive the indicated semester's Health/Infirmary Campus Health Fee covering care at the Boston College Outpatient and Inpatient Center for the current academic year.



Entire Year – Must be received in Health Services by September 30th



Second Semester Only – Must be received in Health Services by
January 31st

Waivers will automatically be canceled when a student seeks services on campus at the Health Center and your student account will be charged the Campus Health Fee at the time services are rendered.

Student (must be over 18 if signing)
or Parent's Signature: _____

Student's BC ID#: _____

Graduating Class of: _____

Student's Local Address: _____

Student's Local/Cell Phone # _____