

MT. SAN ANTONIO COLLEGE
Health Services Fee Waiver

Student's Name

ID Number

Semester

I am requesting that I be exempt from paying the Health Services Fee for the following reason:

I am enrolled in an apprenticeship-training program. (Verify in BANNER)

I am an active member of a religious organization, which, relies exclusively upon prayer for healing. Attached is a letter from my religious leader, on letterhead, verifying my status.

I also understand the waiver is valid for one semester only.

Student Signature

Date

Accepted

Denied

Comments:

Student Services Representative

Date