



REQUEST FOR HEALTH FEE WAIVER

Student Health Services (SHS) at SUNY Potsdam is funded by the Mandatory Health Fee that each student must pay each semester. The fee pays for all the services provided by SHS, including direct medical care, health education programs, laboratory services, and administrative services.

Administrative services are used by students even if they are not attending the Potsdam campus. These services include the maintenance of their medical record and assuring they are in compliance with New York State and SUNY Potsdam health regulations. However, waiver of the health fee may be considered in some circumstances. A waiver is valid for the semester/session for which it is requested. A new waiver is required for each semester or session in which a health fee is assessed.

Acceptable reasons for requesting a waiver include, but are not limited to: Student teaching in a district more than 50 miles from the Potsdam campus; Students studying abroad for a semester; Students who are taking classes at affiliated facilities which are more than 50 miles from the Potsdam campus, as long as their residence is also more than 50 miles from the Potsdam campus. Exceptional circumstances will also be considered by the Director of Student Health Services.

A waiver will be denied if: The student is requesting a waiver because they have other health insurance; The student is requesting a waiver because they have access to their own family physician; The waiver request is made after the close of Student Health Services on the last day of Add/Drop during the regular semester, or the close of Student Health Services on the fifth day of classes during a summer session or during Winterim. The Director of Student Health Services may deny a waiver for other reasons as well.

Applications for waiving the health fee are available on the SHS web site and at the Student Health Services office upon request. The applications are to be sent to the Director of Student Health Services, who will then determine whether the waiver is accepted or denied. The student will be notified of this decision by mail.

Name _____ P # _____

Address _____

SESSION (check one): Fall Semester ___ Spring Semester ___ Winterim ___ Summer Session # ___

Reason for fee waiver request: _____

(Please use reverse side if necessary.)

Return to: Director - SUNY Potsdam Student Health Services
See address on letterhead

9/03: lg; 1/06:pc, 1/08:lg, REM 10-08

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