

STUDENT SERVICES FEE ASSESSMENT REQUEST

DIRECTIONS

To elect to pay the Student Services Fee, fill out the form completely and return it to the address at right. If you are exempt from being assessed the Student Services Fee, you may elect to pay the fee to use or support the services covered by the fee. You must be enrolled for at least one (1) credit or enrolled for Grad 0999 to request the assessment of the Student Services Fee. If you are enrolled in the Senior Citizen Education Program, Regents' Scholarship recipients, or Academic Staff Tuition Benefit recipients, you may not request assessment of the Student Services Fee. Electing to pay the fee does not automatically allow you to be eligible for the Student Health Benefit Plan. Contact Boynton Health Services at 612-625-8400 for further information. Programs that receive funds from this fee are listed at onestop.umn.edu/finances/costs_and_tuition/tuition_and_fees.

Return this form

In person on campus:
 333 Robert H. Bruininks Hall
 130 West Bank Skyway
 130 Coffey Hall

By mail to:
 One Stop Student Services Center
 University of Minnesota, Twin Cities
 333 Robert H. Bruininks Hall
 222 Pleasant St. SE
 Minneapolis, MN 55455-0239

Questions?
 Phone: 612-624-1111
 TTY (hearing impaired):
 612-626-0701 Email:
onestop@umn.edu
 Web: onestop.umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Student information		
Name (last, first, middle initial)	University ID	Phone (include area code)
Current address (street, apartment or P.O. box number, city, state, ZIP Code)		University email @umn.edu
SECTION B. Certification		
I understand the University of Minnesota policies regarding the Student Services Fee and that the fee is non-refundable. I would like the fee to be assessed to my student account for the following term (Check only one and complete the year): <input type="checkbox"/> fall 20____ <input type="checkbox"/> spring 20____ <input type="checkbox"/> May/summer 20____		
Student's signature	Date	

for office use only

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