STUDENT HEALTH FEE EXEMPTION

Student Information

Return form to Office of Student Services at:

College: ☐ **Berkeley City College** ☐ **College of Alameda** ☐ **Laney College** ☐ **Merritt College**

Name: _____ **Student ID:** _____
Last *First* *M.I.*

Address: _____
No. & Street *City* *State* *Zip Code*

Phone: _____ **Email:** _____

****All Fee Waivers require Student Services Administrator approval.**

Term: ☐ **Fall** ☐ **Spring** ☐ **Summer** **Year 20**_____

I am requesting an exemption based on the following:

- ☐ I depend exclusively upon prayer for healing in accordance with the teaching of a bona fide religious sect, denomination, or organization. (Ed. Code 76355). Attach verification documents.
- ☐ I am attending a Peralta College under an approved apprenticeship training program. (Ed. Code 76355). Attach verification documents.
- ☐ I am a special admit part-time student (currently in High School or Adult School) enrolled in 11 units or less (see AP 5011).
- ☐ I am in contract education enrolled in non-apportionment courses
- ☐ I am only enrolling in non -credit courses.

X _____ _____
Student Signature ***Date***

In order to be considered, this petition must have all necessary signatures.

For Dean of Student Services Use

☐ **Approved** ☐ **Denied** **Reason:** _____

X _____ X _____ _____
Dean of Student Services Name (please print clearly) ***Signature - Dean of Student Services*** ***Date***

For Vice President of Student Services Use

☐ **Approved** ☐ **Denied** **Reason:** _____

X _____ X _____ _____
VP of Student Services Name (please print clearly) ***Signature - VP of Student Services*** ***Date***

For District Admissions and Records Use

☐ **Approved** ☐ **Denied** **Reason:** _____

X _____ _____
Signature –Vice Chancellor for Student Affairs ***Date***