



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. Or last 4 digits of SSN

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 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