



Fee Waiver

(Submit form to Enrollment Services)

San Jacinto Campus 1499 N. State Street San Jacinto, CA 92583 (951) 487-3215 Menifee Valley Campus 28237 La Piedra Rd. Menifee, CA 92584 (951) 639-5215 Temecula Higher Edu Center 43200 Business Park Drive Temecula, CA 92590 (951) 506-6752 San Gorgonio Pass Campus 3144 W. Westward Ave. Banning, CA 92220 (951) 922-1327

Student ID #: Student Name:				Term/Year:	
				Phone Number:	
Address:	Number	Street			
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	City	State	Zip		
In accordance	e with Californ	nia Education Code	e Section 76355, th	ne Student Health Center Fee may be waived for the following reasons:	
	OUS: Student domination, or		lusively upon praye	er for healing in accordance with the teachings of a bona fide religious	
	NTICESHIP ceship training		3RAM: Students	who are attending a community college under an approved	
			edby the end of the tion will not be app	e second week of instruction. proved	
I HEREBY	REQUEST TO	O WAIVE THE HI	EALTH SERVICE	ES FEE FOR THE FOLLOWING REASON:	
	LIGIOUS ave attached a	a written letter on	letterhead from	my religious leader or religious organization.	
		HIP TRAINING Pl nrollment verificat		proved apprenticeship training program.	
			th Center Fee I will atening emergencie	l not be entitled to medical services or personal counseling services on es.	
I understand	a new Fee Wai	iver application mu	ust be submitted ev	/ery semester.	
Student Sig	nature	Date	<u> </u>		
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