

This form is to be used by Graduate and SPCS students that waive from the Northeastern University's Health Plan, but would like to access the University Health and Counseling Services Center.

Student's Name:	Student's NUID:
Student's Phone Number:	Student's myNEU E-mail Address:

UHCS Enrollment Form

I understand that I will be billed a flat fee to access to the University's Health and Counseling Services Center. I also understand that by waiving the Health Service Plan fee I will be responsible for any charges incurred at the Health Center as a result of any referrals or treatment.

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Student Signature

Date

Return Completed form to:

Northeastern University  
Student Accounts Office  
354 Richards Hall  
360 Huntington Avenue  
Boston, MA 02115  
Fax 617-373-8222