

<b>Student Information</b>			
<b>Last Name</b>		<b>DU ID #</b>	
<b>First Name</b>		<b>Phone #</b>	
<b>Quarter Students</b>		<b>Law Students</b>	
<b>\$241</b> <i>Each Quarter</i>		<b>\$362</b> <i>Fall or Spring</i>	<b>\$241</b> <i>*Summer</i>
<b>Indicate the Current Term</b> <i>Students may only enroll in the current term.</i> <i>A new form and payment must be submitted each term.</i>			
Term	QUARTER Coverage Dates	Term	LAW Coverage Dates
<b>Fall</b> <small>202470</small>	Sep 1, 2024 – Jan 5, 2025	<b>Fall</b> <small>202460</small>	Aug 1, 2024 – Dec 31, 2024
<b>Winter</b> <small>202510</small>	Jan 6, 2025 – Mar 31, 2025	<b>Spring</b> <small>202520</small>	Jan 1, 2025 – May 15, 2025
<b>Spring</b> <small>202530</small>	April 1, 2025 – Jun 13, 2025	<b>*Summer</b> <small>202540</small>	May 16, 2025– July 31, 2025
<b>Summer</b> <small>202550</small>	June 14, 2025 – Aug 31, 2025		
<b>Payment for the Health &amp; Counseling Fee is submitted through DU Pay,  <a href="https://www.du.edu/student-billing/make-payment">https://www.du.edu/student-billing/make-payment</a></b>			
I have carefully reviewed the DU HCC HCF information ( <a href="https://studentaffairs.du.edu/health-counseling-center/insurance-plans-fees/health-counseling-fee">https://studentaffairs.du.edu/health-counseling-center/insurance-plans-fees/health-counseling-fee</a> ) and elect to enroll as indicated. I understand my coverage period and the services covered by the health & counseling fee.			
<b>Student's Signature</b>		<b>Date:</b>	___/___/___