

STUDENT HEALTH FEE EXEMPTION

Student Information					
Return for	rm to Office of Student Service	s at:			
College:	Berkeley City College	College of Alamed	a 🗌 Laney College	Merritt College	
Name:			Student		
	Last	First	<i>M.I.</i>	Or last 4 digits of SSN	
Address:	No. & Street		lity	State Zip Code	
Phone:		Email:	uy	······	
**All Fee Waivers require Student Services Administrator approval.					
Term:	Fall	Spring	Summer	Year 20	
I am rea	uesting an exemption base	- 0			
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 <u>all</u> necessary signatures. For Dean of Student Services Use					
Approved Denied Reason:					
	oven Demen Reason.				
X		X			
	of Student Services Name (pleas		ignature - Dean of Student S	ervices Date	
For Vice President of Student Services Use					
Appr	oved 🗌 Denied 🛛 Reason	:			
— II					
x x					
	Student Services Name (please		ignature - VP of Student Serv	vices Date	
For District Admissions and Records Use					
Approved Denied Reason:					
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	ture –Vice Chancellor for Stude	ent Affairs		Date	

Signature – Vice Chancellor for Student Affairs