

Bursar's Office
University of Tennessee, Knoxville
211 Student Services Bldg., Knoxville, TN 37996-0225

Name: _____ Student ID: _____

I request and authorize the University of Tennessee Bursar's Office to add the following amount:

_____ Student Health Fee *

_____ Program and Services Fee **

Semester (Circle One): Fall Spring Summer Year: _____

I understand that the above fee(s) will be posted to my UTK account and that this balance will be due and payable in accordance with the established UTK Fee Payment policies. **I ALSO UNDERSTAND THAT THIS REQUEST IS IRREVOCABLE AND NOT SUBJECT TO CANCELLATION OR REFUND.**

***If you are enrolled for fewer than 9 semester hours with a minimum of 3 hours, you may elect to add the Student Health Fee.**

****If you are taking 6, 7, or 8 hours, you may elect to pay the full Program and Services Fee, which includes the Health Fee.**

3 to 8 Hours	Health only
6 to 8 Hours	Health only <u>OR</u> Full Program & Services (Access to student activities, including sporting events)

Student Signature: _____ Date: _____

For Office Use Only:
Entered by: _____
Date: _____