WINTHROP UNIVERSITY

Center for Student Wellness
Division of Student Affairs

Voluntary Semester Fee Agreement

This is NOT student insurance; for information about student insurance go to https://www.winthrop.edu/csw/hs-heath-insurance.aspx

Current Semester: _

I understand that due to the amount of hours I am currently enrolled in, I have not been automatically charged the $230.00 semester health fee. I also understand that if I do not pay the health fee, I am not eligible to use the services at the Center for Student Wellness.

I am signing this form as written permission for the Center for Student Wellness to charge my student account $230 for the current semester, allowing me access to services at the Center for Student Wellness.

Charged by: _____

Please email the completed form to wuhealth@winthrop.edu or drop it off at the front desk, Joynes Hall, 3rd Floor.

Health Services • Counseling Services • Health Promotion • Student Advocacy & Trauma Support

803/323-2206
803/323-3332 (fax)
wuhealth@winthrop.edu
www.winthrop.edu/csw
Rock Hill, SC 29733