



INSTRUCTIONS

To enroll in the Student Health Plan (SHP), download, complete, handsign, and submit this form by email (summer_college@cornell.edu or fax (607.255.6665).

This form is due by **May 24, 2019**.
(Due to policy restrictions, students may not enroll in the SHP after the program begins.)

STUDENT INFORMATION

Live in the U.S. Live outside the U.S.

Name _____ Email Address _____
Last First

Gender: Male Female Date of Birth: _____
(mm/dd/yy)

Permanent Address _____
Street City Province Country Postal Code

Check box to indicate your program/session:

<u>Program/Session</u>	<u>Dates</u>	<u>SHP premium</u>
<input type="checkbox"/> Architecture / RABS	6/22/2019 to 8/3/2019	\$708
<input type="checkbox"/> 6-week	6/22/2019 to 8/6/2019	\$708
<input type="checkbox"/> 5-week	6/29/2019 to 8/3/2019	\$708
<input type="checkbox"/> 3-week I	6/22/2019 to 7/13/2019	\$472
<input type="checkbox"/> 3-week II	7/14/2019 to 8/3/2019	\$472
<input type="checkbox"/> 3-week I and II Dual Program	6/22/2019 to 8/3/2019	\$708
<input type="checkbox"/> 2-week	6/29/2019 to 7/13/2019	\$472

SIGNATURE OF PARENT OR GUARDIAN (Must be signed by hand.)

Please enroll my student in the Student Health Plan. I understand and accept that this **policy is nonrefundable** if my student leaves the program early for any reason.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____ Phone _____