

IUP Wellness Fee Exemption Request Form

NOTE: *Once your Wellness Fee Exemption Form request is approved, you will NO LONGER be authorized to use any services which are financed with funds from the Wellness Fees. This includes use of the Center of Health and Well-Being.*

Enter your Banner/University ID number (starts with a P)

Enter your first and last name

Enter your IUP email address

Indicate the semester in which you are requesting the wellness fee to be waived. *You must complete a separate form for each semester.*

Indicate your specific circumstances that serve as justification for the exemption request (**Internship, Student Teaching, or Dissertation/Thesis**). *Please note these are the only acceptable circumstances in which to have the wellness fee waived.*

Enter your location (ie: *school if student teaching*), if applicable.

Enter any other details that we need to know.

Student Signature

Date

Once form is completed, please email to student-billing@iup.edu for processing.