

COLUMBIA UNIVERSITY - STUDENT ADMINISTRATIVE SERVICES  
HEALTH SCIENCES CAMPUS

BLACK BUILDING 1-141, 650 WEST 168TH STREET NEW YORK, NY 10032 (212) 305-3992

**Request To Remain on MSC Health Insurance – Dual Degree Students**

**Submit to Registrar Services 1-141 Black Bldg. No later than the last day of the Change of Program Period for each term**

**To be completed by Student:**

I am a dual degree student (circle one): DN/BU, MD/BU, PH/SW, PH/IA, PH/BU. I will be registering as a full-time student in that HSC school in the (circle one) **fall term / spring term / summer term**.

I am requesting that I be charged the Morningside Campus health fees for the term and that the Health Science Campus health fee charges be removed from my student account.

I want to be enrolled in:

Health Service \_\_\_\_\_ Basic Medical Plan \_\_\_\_\_

***Or***

Comprehensive Medical Plan \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Last name, First name)

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
School

**FOR OFFICE USE ONLY:**

**Registrar Services**

Dual degree status verified with school:

\_\_\_\_\_  
Signature / \_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

**Student Account Services**

*Credit to account:*

Term \_\_\_\_\_ \$ \_\_\_\_\_ Student Health \$ \_\_\_\_\_ Hospitalization

Batch ID \_\_\_\_\_

*Debit to account:*

Term \_\_\_\_\_ \$ \_\_\_\_\_ Student Health \$ \_\_\_\_\_ Hospitalization

Notification sent to MSC on \_\_\_\_\_

Completed & copy sent to Student Health Services \_\_\_\_\_ / \_\_\_\_\_  
Signature Date