## CALIFORNIA BAPTIST UNIVERSITY Fall 2006 Student Data Sheet

Name		Student I.D. #:
Last E-mail Address	First	M.I. Phone Number
INTENDED HOUSING		MEAL PLAN SELECTION
On Campus		Plan L (5 meals per week ) \$600 per semester
Off Campus		Lunch ONLY - Available to Commuters only Plan A (5 meals per week)
institutional scholarships	campus, please check	Plan M (5 means per week) \$040 per semester         Available to Commuters only         Plan M (7 meals per week) \$930 per semester         Available to Commuters only         Plan B (10 meals per week)\$1,330 per semester         On-Campus Resident minimum         Plan C (13 meals per week)\$ 1,540 per semester         Plan D (16 meals per week)\$ 1,805 per semester
<b>,</b>	ith my parents	Plan E (19 meals per week)\$ 2,005 per semester Students are billed for the meal plan indicated above. Adjustments, if any, must be made by September 20, 2006 for the Fall 2006 semester.

## HEALTH INSURANCE

Undergraduate students enrolled for seven (7) or more units are automatically charged for medical insurance provided by the University, unless proof of medical insurance is submitted to the Student Services Office. To avoid charges, students must submit proof of insurance prior to the deadline during the first semester of attendance each academic year. All International Students are required to be enrolled in the medical insurance plan. See the Student Handbook and Calendar for additional insurance information.

I want to enroll in the insurance offered by the University Yes \_\_\_\_\_ No \_\_\_\_\_

The deadline to present proof of insurance for the Fall 2006 semester is September 20, 2006.

I understand I will be charged for insurance if I fail to meet the aforementioned deadline. Initial

## STUDENT HANDBOOK

Students are required to obtain a *Student Handbook* and are responsible for all information contained therein. Handbooks are distributed by the Campus Life Office located in YC B154.

I have read and understand the selections and information contained on this form.

## STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only

Proof of Insurance Submitted on

Received by