## LSUHSC – OPTIONAL FEE CHECK LIST **ACADEMIC YEAR 2022/2023**

NAM	E:				
SCH(	OOL/LEVEL:				
EMP	LID #:				
SELE	ECT INCOMIN	G SEMESTER:	FALL '22	SPRING '23	SUMMER '23
fees tl	hat apply. Price	s below reflect inco	ning Fall semester	n individual basis. I • & continuing stude s amounts will be pr	ent prices. For
		STUDENT	HEALTH INSU	<b>JRANCE</b>	
and Si	ickness Plan forn	•	fee is an insurance	udents must attach the policy that covers tested.	
	<b>Health Insurance Plan</b> – \$2,857.20 Semi-Annual Premium – I agree to purchase the health insurance offered by LSUHSC.				
	Needle Stick Fee – \$16.54 Semi-Annual Premium – I have personal health insurance. I understand that I am required to purchase the Needle Stick fee and provide proof of major medical health insurance coverage comparable to the health insurance offered by LSUHSC. (copy of front and back of insurance card is sufficient proof)				
		STU	DENT PARKIN	<u>G</u>	
	Parking Gate	Card – \$25 (refundal	ole deposit) – Requ	ired for First Time E	nrollees
	Commuter Parking Permit – \$125 annually				
	Residence Hal	l Parking Permit – S	5155 annually		
SIGN	JATURE:				
DATI	E:				
	*F	EES ARE SUBJEC	T TO CHANGE V	WITHOUT NOTICI	£*

Submit registration packet to: **Bursar Operations** 433 Bolivar St., Room 144 New Orleans, LA 70112

E-Mail: nobursar@lsuhsc.edu