

**STUDENT BUSINESS SERVICES
ELECT TO PAY FORM**

Name: _____
Last First MI

ID Number: R _ _ _ _ _

Semester: _____

I understand that I have the option to elect to pay for any fees that were previously waived on my account in order to utilize services. I further understand that making the election to pay any of the fees listed below also requires the payment of the ID Card Fee in order to take effect. I do hereby exercise this option and I understand that this decision is irrevocable (non-refundable). I also understand that these amounts are based upon semester credit hours for which I am enrolled at the time of submitting this request. Student Business Services will verify enrollment in the semester indicated. This form is only valid for the semester indicated.

I elect to pay additional charges (amounts) for the fees indicated below:

- Medical Services Fee
- Student Services Fee

Please email this form to SBSElp@TTUHSC.EDU or sign completed form and return to TTUHSCEP Student Business Services Office, 5001 El Paso Drive, El Paso, TX 79905.

Student Signature

Date

TTUHSCEP Student Business Services Use Only

Date Entered: ____ / ____ / ____

Medical Services Fee E448
Student Services Fee E443

Entered By: _____