## LSUHSC – OPTIONAL FEE CHECKLIST **ACADEMIC YEAR 2024/2025**

NAM	E:					
SCH(	OOL/LEVEL	1.				
	LID #:					
SELECT INCOMING SEMESTER:			Summer '24	Fall '24	Spring '25	Summer '25
that a	pply. Prices	ptional fees that stude below reflect incoming the Spring & Summer	g Fall semester &	continuing st	udent prices. Fo	or students
		STUDENT	HEALTH INS	URANCE		
Accid	lent and Sickn	overage is an <b>LSUHSC</b> ness Plan form. The Nee if a student is stuck by a	edle Stick fee is an	insurance poli		
	<b>Health Insurance Plan</b> – \$3,390.06 Semi-Annual Premium – I agree to purchase the health insurance offered by LSUHSC. (Includes needle stick coverage).					
	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 care sufficient proof) Note: We do not accept Medi-Share type plans as proof of health insurance.					
		<u>STU</u>	DENT PARKIN	<u>IG</u>		
	Parking Ga	ate Card – \$25 (one tim Device is req	e purchase that is ruired to read your		n return of devi	ce.
	Commuter Parking Permit – \$180 annually (must have gate card with permit)					
	Residence l	Hall Parking Permit –	\$180 annually(mu	st have gate ca	rd with permit)	Located:1900 Perdido St.
SIGN DATI	ATURE:					
		*FEES ARE SUBJEC	T TO CHANGE	WITHOUT N	NOTICE*	

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

E-Mail: nobursar@lsuhsc.edu