

UHCS Access Request



E-mail completed forms to:
Northeastern University Student
Health Plan (NUSHP)
Email: NUSHP@northeastern.edu
www.northeastern.edu/nushp

This form is to be used by Graduate and CPS students that waive from NUSHP but would like to have access to the University's Health and Counseling Services.

Student's Name:	Student's NUID#:	Student's DOB:
Student's Mailing Address:	Student's myNEU E-Mail Address:	
Student's Phone Number:		

UHCS Enrollment Form

I understand that I will be billed a flat fee to access the University's Health and Counseling Services Center. I also understand that by waiving NUSHP (Northeastern University Student Health Plan) fee, I will be responsible for any charges incurred at the health center as a result of any referrals of treatment.

Student Signature

Date

Return Completed form to: NUSHP@northeastern.edu