

STUDENT ON EMERGENCY MEDICAL APPOINTMENT REQUEST FORM

Requests made less than two business days before the appointment time are subject to a \$ late fee.

NAME: _____ ANDREWS ID: _____

CELLPHONE: _____ EMAIL: _____

DESTINATION:

_____ UNIVERSITY MEDICAL SPECIALTIES (No charge if arranged by UMS)

_____ St Joseph MI (\$.00 one way)

_____ Benton Harbor, MI (\$.00 one way)

_____ Bridgeman/Bc23.794 Tc -0.132 Tw T* 1ian 0 Td (M)9 Tm 3.40