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U            T    G            U (If the student is under 18):

**Check One:**

- **Full Academic Year Waiver** Must be received by University Health Services by September 30th.
- **Spring Semester Waiver Only** Must be received by University Health Services by January 31st.

**This form must be submitted to:**  
 Boston College University Health Services  
 2150 Commonwealth Ave. Brighton, MA. 02135  
 Fax: 617-552-1671 | uhs@bc.edu