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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