

## STUDENT NON-EMERGENCY MEDICAL APPOINTMENT REQUEST FORM

Requests made less than two business days before the appointment time are subject to a \$25 late fee.

NAME:	ANDREWS ID:
CELL PHONE:	EMAIL:
DESTINATION:	
UNIVERSITY MEDICAL	SPECIALTIES (No charge if arranged by UMS)
St Joseph, MI (\$45.00	per trip)
Benton Harbor, MI (\$45.00 one way)	
Bridgeman/Buchanan,	MI (\$45.00 one way)
Niles, MI (\$45.00)	
Berrien Springs, MI (\$15.00 one way)Other: (Based on final medical destination)	
DATE OF APPOINTMENT	SCHEDULED APPOINTMENT TIME
PICKUP LOCATION:	
Name & Address of Final Destinatio	n:
PAYMENT METHOD: AU ID	Department IDC
OFFICE USE ONLY: DEPAR	T AU PASSENGERS
TRIP-1 Beginning MILEAGE	TRIP-1 Ending MILEAGE
TRIP-2 Beginning MILEAGE	TRIP-2 Ending MILEAGE
PASSENGER SIGNATURE:	
DRIVER SIGNATURE:	

Send completed form to trans@andrews.edu. Cancellations should be made at least 24 hours before the expected Depart AU time by emailing or calling our emergency number 269-471-6492.