



COURSE REGISTRATION FORM

Effective Semester/Year: _____

Student ID: _____

Last Name: _____ First Name: _____

Current Address: _____
(Street address)

(City) _____ (State) _____ (Zip Code) _____

Current Phone: _____ Parent Email Address: _____

REQUESTED REGISTRATION:

COURSE ID	COURSE TITLE	DAY(S)	TIME	INSTRUCTOR

ALTERNATE CHOICES:

COURSE ID	COURSE TITLE	DAY(S)	TIME	INSTRUCTOR

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ DATE: _____

**Memphis College of Art
Health Services Survey
Fall 2017**

Dear MCA Student,

Staff members are working with area health providers in efforts to secure health services for students of the College. To best do that, we need to understand how many of our students have health insurance, the number of students presently not covered by some form of health insurance, and how many would anticipate using local services. Thus, your participation in this survey is critical in helping us to engage in conversations with local health providers. At the moment, we need numbers. Your names or identifying information will not be released at this time to providers. (Your birth year provides a quick reference for how close you are to 26 years of age)

Year of birth _____ Hometown _____

Do you have health insurance? ___ Yes ___ No

If "yes," please indicate how this coverage is provided:

___ I am covered under a parent's insurance plan.

___ I have secured health insurance not connected to my parents (explain below)

Students claiming Memphis or another local area within 25 miles as "hometown" please answer the following questions:

1. Do you have a physician (or other health provider) whom you see when you are ill and/or for routine well visits? _____
2. If "yes," do you anticipate continuing to see this health provider as a student attending MCA for both sick and well visits? _____
3. Do you imagine circumstances in which you would have need for a local doctor/physician's assistant when school is in session? _____

Students claiming hometown from an area distant from Memphis, please answer the following questions:

1. Do you have a physician (or other health provider) whom you see when you are ill and/or for routine well visits? _____
2. If "yes," do you anticipate continuing to see this health provider for well visits? _____
3. Please select one response:
 - a. ___ I would expect to use a midtown area doctor/health provider in times of illness when MCA is in session.
 - b. ___ I would expect to get home to see my physician/health provider in times of illness when MCA is in session.

Thank you for completing this survey.