



City College of San Francisco Tuition and Fees Office

Request to Reverse Student Representation Fee

FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED

To: City College of San Francisco

Attn: Tuition and Fees Office

Student Name (print)			Student I.D #	Date of Birth
Last	First	MI		
Home Phone		Cell Phone	Address	
Email			City	State Zip

I, the above named student, do not agree to pay the **\$1.00 Student Representation Fee** for
Check Semester: Fall Spring Summer Year: _____

because of the following reason/s: Please check: Religious Political Financial Moral

Explain further below why you are requesting to reverse the **\$1.00 Student Representation Fee**:

Please reverse this charge in my student account as soon as possible.

Student's Signature: _____ Date: _____

Other Remarks: _____

AUTHORIZATION TO REVERSE ABOVE FEES:

_____ Dean of Student Activities	_____ Signature (Required)	_____ Date	_____ Phone #
_____ Tuition and Fees Representative	_____ Signature (Required)	_____ Date	_____ Phone #

Remarks:

Received by: _____ Processed by: _____ Date: _____