Request to Reverse $7 Student Activity 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)
Last  First  MI

Student I.D #  Date of Birth

Email

Phone

I, the above named student, do not agree to pay the Student Activity Fee for
Check Semester: □ Fall  □ Spring  Year: _________

Explain below why you are requesting to reverse the Student Activity Fee:
__________________________________________________________________________
__________________________________________________________________________
Please reverse this charge in my student account as soon as possible.

Student’s Signature: ___________________________  Date: ____________

____________________________________________________

AUTHORIZED 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: ________

Copies: White: Tuition and Fees, MUB 130  Yellow: Student Activities, SU205  Pink: Student
Tuition & Fees Form – 11/2019