



City College of San Francisco Tuition and Fees Office

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)			Student I.D #	Date of Birth
Last	First	MI		
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: _____

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: _____