



# 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

<b>Student Name (print)</b>			<b>Student I.D #</b>	<b>Date of Birth</b>
<b>Last</b>	<b>First</b>	<b>MI</b>		
<b>Email</b>			<b>Phone</b>	

I, the above named student, do not agree to pay the \$2 Student Representation Fee for:

Check Semester:  Fall     Spring     Summer    Year: \_\_\_\_\_

Explain below why you are requesting to reverse the Student Representation Fee (Optional):

\_\_\_\_\_  
\_\_\_\_\_

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: _____
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