Student Fee Waiver Form

Student's Name _____ Student ID_____

Semester/Year:_____

I am requesting my fees waived for the following:

- ☐ Student Representation Fee
- ☐ Student Activities Fee

This waiver is only good for the semester shown above.

_____ _____

Student's Signature Date

Please submit this form to the Cashier's Office

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For Office Use Only

RECEIVED ON:_____ PROCESSED ON:_____ BY:_____

COMMENTS:_____

SA, AN 9/12/22