

# City College of San Francisco Tuition and Fees Office

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## 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) Last                      First                      MI	Student I.D #	Date of Birth
Email	Phone	

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

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

Explain below why you are requesting to reverse the Student 5 H S U H V H Q W D W L R Q Fee