

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM
STUDENT BODY FEE WAIVER FORM
STUDENT FEES/#2155/APRIL 2021

I hereby refuse to pay the Student Body Fee in adherence with California Community College Student Fee Handbook Section 4.3.

Printed Name: _____ Student ID #: _____ Term: _____

Signature: _____ Date: _____

This form must be submitted to the Student Fees Office by the end of the first week of the term in order to decline this fee.

This form may be submitted by fax to (209) 381-6566, email at studentfees_custsvc@mccd.edu, or in person at the Student Fees Office.

Office Use Only: Term: _____ Date Received: _____ Staff Initials: _____ Date Processed: _____ Staff Initials: _____

ROUTING PROCEDURE: INITIATOR>STUDENT FEES>