

Departmental Request for Course Material Fee Waiver

Fax this completed form to Student Accounting at (530)752-5718

Student Name _____

Student ID Number _____

Student Email _____

Course Information:

Department _____ Number _____ Section _____

Amount of Fee _____ Quarter/Semester _____

Reason for request:

Student signature _____ Date _____

Department signature _____ Date _____

Student Accounting Use Only:

Exemption number _____

Detail Code _____ Exemption Code _____