



Cerritos College Student Activities Fee Waiver Request Form

You have **TEN (10)** business days from the first day of the start of the current semester/session to return this signed form to the Admissions & Records Office for a refund.

Refunds will not be granted after the ten days. Fee waivers cannot be processed for past semesters.

- STEP 1:** Read this form carefully. Complete and sign this form.
- STEP 2:** Email the completed form as an attachment to misai@cerritos.edu for a signature from the Student Activities staff. If the form is completed and is within the 10 day window, the signed form will be forwarded to Admissions and Records.
- STEP 3:** Admissions and Records will finalize the form and process of a refund.

By signing below, I understand that by waiving the Cerritos College Student Activities Fee I will not be eligible to participate in many of the academic, athletic, cultural, and social events and activities offered by the Associated Students of Cerritos College. I understand that the Student Activities Fee would provide easier access, additional convenience and services across the campus, in the community and much more. I also waive my right to participate in Student Body elections and awards programs held each semester. I understand that the money collected from the Student Activities Fee supports many of the programs and services at Cerritos College which I choose not to participate in or support. I also understand that this form must be submitted each semester that I wish to waive the fee. If the current semester sticker has been marked for any activity/event, the fee is non-refundable. I understand that no refund will be granted after the second week of the current semester/session.

I acknowledge that I have read and understood the above.

Full Name of Student: _____

Student ID Number: _____ **Email Address:** _____

Requesting to Waive Fee for Current Semester: _____ **Year:** _____

Your Current Student Status: **New** **Continuing** **Dual Enrollment**

Signature of Student: _____ **Date:** _____

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THIS SECTION FOR OFFICE USE ONLY

Please check the appropriate item(s) as they apply to the student listed above:

Student Activities Employee Signature

Date

Admissions & Records Employee Signature

Date of processed refund