



Optional ASMJC Student Benefit Fee Waiver

I choose not to take advantage of the business discounts and free supplies offered by the optional ASMJC Student Benefit Fee for the _____ semester.

By signing this form I understand that

- A credit of \$5.00 will be applied to my college account.

Printed name: _____ Student ID# _____

Signature: _____ Date: _____

Submit or fax this form to MJC Business Services at 575-6745.

Form must be submitted within the first two weeks of the semester!