

Optional Activity Fee Waiver



I choose not to take advantage of the free supplies, activities, and services offered through the optional Activity Fee for the _____ semester.

By signing this form, I understand that a credit of **\$10.00** will be applied to my college account.

Submit or fax this form to MJC Business Services at 209.575.6745

FORM MUST BE SUBMITTED WITHIN THE FIRST TWO WEEKS OF THE SEMESTER.

Printed Name: _____

W# _____

Signature: **X** _____

Student Rep Fee Refusal Form



The Student Rep Fee funds collected will be used by ASMJC and California Community College Chancellors Office (CCCCO) to represent student concerns at local, state and federal government levels. You may, for religious, political, financial or moral reasons, refuse to pay the student representation fee.

If you decline to pay the fee you must complete this Student Rep Fee refusal form and return it to the MJC Business Office for processing.

The reason for my refusal to pay the **\$2.00** Student Representation Fee is due to one or more of the following reasons:

- Religious
- Moral
- Financial
- N/A:
- Political

I hereby refuse to pay the \$2.00 Student Representation Fee for the following semester: _____
(Semester/Year)

Signature: **X** _____