



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.

Printed name: _____ W# _____

Signature: _____ Date: _____

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!

Fee refusal/waiver