



# California State University SAN MARCOS

Student Financial Services 333 S. Twin Oaks Valley Road San Marcos, CA 92096  
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## Student Fee Appeal Form

NAME		STUDENT ID NUMBER	
MAILING ADDRESS			
CELL PHONE NUMBER		EMAIL ADDRESS	
TERM (EX: FALL 2018)	AMOUNT REQUESTING TO BE WAIVED?	HAS AMOUNT REQUESTED BEEN PAID? YES NO	
IF PETITIONING FOR TUITION OR FEES TO BE WAIVED FOR SPECIFIC CLASS(ES), THE CLASS(ES) MUST BE DROPPED PRIOR TO FEE APPEAL.			
ARE YOU CURRENTLY IN THE WITHDRAWAL PROCESS?		Yes Date Withdrawal submitted: No	
REASON FOR PETITION: Military Service (Supporting Documentation Required) Medical Reasons (Supporting Documentation Required) Death in Immediate Family (Supporting Documentation Required) Other (Please Specify): _____			
PETITION JUSTIFICATION- Please attach additional documentation, if needed, to support petition			
PETITIONER'S SIGNATURE		DATE	
<b>OFFICE USE ONLY</b>			
DECISION REACHED BY COMMITTEE:  <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	ACCOUNT ADJUSTED DATE: (IF APPLICABLE)	STUDENT NOTIFIED VIA: <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> PHONE	
REASON:		PETITION RECEIVED- DATE STAMP	
APPROVING AUTHORITY SIGNATURE		DATE	