CALIFORNIA STATE UNIVERSITY
FULLERTON
ADMINISTRATION AND FINANCE

Student Business Services
Gordon Hall - 180
(657) 278-2495
sbs.fullerton.edu

Request for Fee Adjustment

To be approved by the Dean/Director:

CWID: _____ **Course** (if applicable): _____

Name: _____
(student) Last First M.I.

Term	Year	Fee Description	Amount Adjusted	Adjustment Reason
N/A		[Select Fee Description]		

Prepared or Requested by: _____ **Email**: _____ **Extension**: _____

Approved by:_____ **Approver's Signature:**_____ **Date :**_____

Submit completed form to DL-CMS_STU_SBS@fullerton.edu.