

Mail Stop: 35 ADM 9001 Stockdale Highway Bakersfield, California 93311-1022

(661) 654-3225 (661) 654-6743 FAX www.csub.edu/bas/fiscal

PETITION FOR REVERSAL OF FEES

I,, reque (Please Print Name)	st the allowal	ole amount	of refund for fee	es I incurred/pa	id for:
(Circle term & indicate year): Fall	Winter	Spring	Summer	Other	-
Signature	_		Date		
Address	_		Student ID#		
City, State, Zip Code	_		Contact Phone #		
Email Address	_		Alternate Contact	t #	
forms, etc., should be submitted alon reviewed and you will receive written you have any questions regarding thi Reason for Petition:	n notification o	of the campu	s decision within	4-6 weeks of sul	omittal. If

Any reversal of registration fees may result in a credit on your student account. The credit may apply to any outstanding charges due on your student account. All refunds will be mailed to the student address on file with the Records Office on the date the check issued unless a direct deposit form is on file with our office.