



PETITION FOR REVERSAL OF FEES

I, _____, request the allowable amount of refund for fees I incurred/paid for:

(Please Print Name)

(Circle term & indicate year): Fall _____ Winter _____ Spring _____ Summer _____ Other _____

Signature

Date

Address

Student ID#

City, State, Zip Code

Contact Phone #

Email Address

Alternate Contact #

Any documentation which will help support your request, such as: military orders, doctor approved medical forms, etc., should be submitted along with your Petition for Reversal of Fees form. Your request will be reviewed, and you will receive written notification of the campus decision within 6-8 weeks of submittal. Please be aware petition approvals are granted as a one-time courtesy. If you have questions regarding this form, please contact Student Financial Services at 661-654-3225.

Note: Do not submit this form until you are fully withdrawn from the term.

Reason for Petition:

Any reversal of fees will pay toward your outstanding balance or create a refundable credit. All refunds will be processed according to the refund method on file with BankMobile Disbursements, a technology solution, powered by BMTX, Inc.. To set up your BankMobile Disbursements Profile or update your information, please use the "Manage Your Refunds" link in the Finances section of your myCSUB.

Student Financial Services

California State University, Bakersfield
9001 Stockdale Hwy. • Bakersfield, CA 93311