



Student Representation Fee Waiver Application

(Please Print)

Term _____ Student ID _____

Name _____ Today's Date _____

Address _____ Telephone _____

City/State/Zip _____

Student Signature

*Fax the completed request to 760-384-6372 or mail to
Cerro Coso Community College, Attn: Business Office, 3000 College Heights Blvd., Ridgecrest, CA 93555*

Students may request a waiver of the \$1.00 student representation fee for religious, political, financial or moral reasons. This request must be made for each semester enrolled.

If this waiver results in a credit balance on the student account, a refund will be processed.