

California State University, East Bay
Student Health and Counseling Services
Request to Review Assessed Fees

Name

Netid

Today's Date

Reason the Fee was incurred

Date Fee Incurred

In the top box below, please explain the specific reason you are requesting that your fee be reviewed. Attach any pertinent documentation.

You will receive a response to your request in the box below in approximately 30 days.

Response:

Fee Review Committee Representative

Date