

California State University, Chico
Student Financial Services
SSC 230
Chico, CA 95929-0242

**Request for Reversal of Graduate Professional Business Fee
For Elective Course**

Name _____ **Student ID** _____
Last, first

Address _____
Number Street Apt City State

Phone _____ **Email** _____

Term _____ **Emphasis** _____

Elective Course _____ **# of Units** _____
Name, number

I understand that the elective course(s) noted above cannot be counted towards degree requirements for the MBA degree and will not be included as required or optional courses on the Master's Degree Graduation Clearance Form. Should it be determined in the future that this course is used as fulfilling degree requirements, the fee reversal will be rescinded and I will be responsible for payment of the per unit Graduate Professional Business Fee before the form is approved by the College of Business.

Student Signature _____

Coordinator of MBA Program:

Signature _____ **Campus Ext** _____

Print Name _____ **Date** _____

Instructions: Use this form to request a reversal of the per unit Graduate Professional Business Fee (MBA) for any course not required to meet degree requirements. Request the authorizing signature in Glenn 121, Business Graduate Program, and forward to Student Financial Services, CSU Chico, SSC 230, Chico, CA 95929-0242.

SFIN Use Only: Received _____ Units Reversed _____ By _____
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