

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 _____

Elective Course _____ # of Units _____
Name, number

Student Signature _____

Coordinator of MBA Program:

Signature _____ Campus Ext _____

Print Name _____ Date _____

Instructions: Use this form to request a reversal of the \$210 per unit Graduate Professional Business Fee (MBA) for any course not required to meet degree authorized 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 _____

