



John A. Logan College

Office of the Bursar

JALC REQUEST FOR EXEMPTION OF ACTIVITY FEE

I, _____, ID# _____ request that I be granted an exemption from the activity fee for the following semester(s): _____.

Justification _____

- Please attach a copy of your billing statement

Signature _____

Name: _____

Address: _____

City, St, Zip _____

- Consideration will be given to students who have no classes on campus and have an unreasonable commute that would preclude them from participation in any of the activities provided. Exemption request will be considered on a case-by-case basis.

_____ Administrative Use Only - Do Not Write Below This Line _____

2 Signatures Required

Associate Director of Revenue

Dean for Continuing Education

Approval _____

Approval _____

Director of Student Activities

Approval _____