



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** _____

Associate Director of Revenue

_____ Approve _____ Deny

Sign _____

Director of Logan Fitness

_____ Approve _____ Deny

Sign _____

- If the Associate Director of Revenues and the Director of Logan Fitness do not agree, the recommendation of the Director of Logan Fitness will be the final decision.