

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