



SANTA ANA COLLEGE

1530 W. 17th Street, Santa Ana, CA 92706 (714) 564-6005

Health Fee/Student Representation Fee Exemption Form

Student ID _____ Spring Summer Fall 20_____

Name _____
Last First Middle

Health Fee Exemptions (Education Code 76355)

The mandatory California State health fee of \$19.00 per semester (\$15.00 for summer) is charged to all students whether or not they choose to use health services.

Any student who depends exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization, **provided that the student presents documentary evidence** of an affiliation with such bona fide religious sect, denomination, or organization.

I certify that I meet the above exemption and am requesting a waiver of the health fee.

Student's Signature

Date

Student Representation Fee (Education Code 76060.5)

The \$2 mandatory student representation fee is used by the associated student government to represent the views of students with governmental agencies.

Any student who refuses to pay for religious, political, financial, or moral reasons.

I certify that I meet the above exemption and am requesting a waiver of the student representation fee.

Student's Signature

Date

Authorized approval by Associate Dean of Admissions **or** Registrar

Approved Disapproved

Approved signature: Mark Liang or Chris Truong

Date

Entered by Cashier's Office _____

Initials

Date