DEPENDENT FEE WAIVER TRANSFER APPLICATION
CALIFORNIA STATE UNIVERSITY

Clear Form

Print Form

SECTION 1 – Employee Information			
Name:	[redacted]	Classification Title:	
Department:	Email Address:		CIN:
Campus, Campus Address & Phone:	Time Base: ___Full time ___Part time Status: __Permanent __Probationary __Temporary (appt. exp._____)		

SECTION II – Dependent Information			
Name:	[redacted]	Email Address:	Phone Number:
Date of Birth: _____/_____/_____ (Month/Day/Year)	Mailing Address:		

Relationship to employee:
___Spouse by Marriage
___Dependent Child (Please specify by checking one of the below choices) Note: CSUEU limit for child is 25
___ child or stepchild under age 23/25 who has never been married
___ child living with employee in parent-child relationship who is economically dependent upon employee, under age 23/25 who has never been married
___ child or stepchild age 23/25 or above who is incapable of self-support due to a disability that existed prior to age 23/25
___ Domestic partner (Declaration of Domestic Partnership is filed with the Secretary of State)

Is the dependent applying for admission at this time?
___Yes ___No
Has the $70 application fee been paid? ___Yes ___No
Is the dependent receiving financial aid? ___Yes ___No
Student Status:
___New Student or ___Continuing Student
___Undergraduate ___Graduate ___Ed.D. ___Credential
Campus to attend _____
California Resident? ___Yes ___No

Term and Year	Course Title & Number	Level (Undergraduate or Graduate)	Units
(Example) Fall 2007	[redacted]		

NOTE: Some courses taken through fee waiver may be subject to taxation.
*The Social Security number is required of those who wish to participate in the Dependent Fee Waiver program. The number will be used as a common identifier for course enrollment and related purposes. Authority for such use is contained in Title 5 of the California Code of Regulations.

SECTION III – EMPLOYEE VERIFICATION AND SIGNATURE

I certify that the individual named above is my legal spouse, dependent child, or registered domestic partner and that the information provided above is true. I wish to transfer my fee waiver eligibility, as provided in appropriate policy or collective bargaining understand this transfer prohibits my personal use of fee waiver benefits during the period indicated. Further, I understand that my spouse, dependent child or domestic partner is responsible for meeting all registration and payment deadlines and informing the Human Resource office if any changes in approved fee waiver classes occur.

_____ _____
Signature of employee requesting fee waiver Date

OFFICE USE ONLY

EMPLOYEE'S EMPLOYMENT STATUS (See Technical Letter HR/Benefits 2008-15 for eligibility criteria):
This employee is: ___Faculty or ___Staff
Eligibility:
___ Dependent is eligible for fee waiver benefits
___ Dependent is not eligible to receive fee waiver benefits (Reason: _____)
Number of Units Eligible for: _____Undergrad Units or _____Graduate Units (including Ed.D.)
Position # _____-_____-_____ CBID: _____
Additional Fees (e.g., extra unit fee, late fees) Total: _____ Budget Code: _____
Fee Waiver Coordinator Signature_____ Date_____
Fee Waiver Coordinator Campus:_____ Phone Number:_____