

# Fee Waiver Application - Dependent

**SECTION I: EMPLOYEE INFORMATION (to be completed by employee for each term of enrollment)**

<b>Employee Name:</b>	<b>Employee ID:</b>
<b>Department:</b>	<b>Classification:</b>
<b>Contact Information:</b> <b>Campus Address:</b> <b>Campus Phone:</b> <b>Fax:</b>	<b>Time Base:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <b>Status:</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary <span style="margin-left: 150px;">(end date (_____))</span>
<b>Email Address:</b>	

**SECTION II: DEPENDENT INFORMATION**

<b>Name:</b>	<b>Student ID:</b>	<b>Email Address:</b>	<b>Phone:</b>
<b>Birthdate:</b>	<b>Mailing Address:</b>		
<b>Relationship to employee:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent Child-CSUEU, Unit 3, 4, 6, MPP, C99-to age 25 <input type="checkbox"/> Child or stepchild under age 25/23 who has never been married. Child living with employee in parent-child relationship who is economically dependent upon employee, under age 25/23 and who has never been married.		<b>Campus to attend:</b> Is the dependent applying for admission at this time: <input type="checkbox"/> Yes <input type="checkbox"/> No Has the \$70 application fee been paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Is the dependent receiving financial aid: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student Status:</b> <input type="checkbox"/> New student      or <input type="checkbox"/> Continuing Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Credential      Ed.D	

**COURSES TO BE CONSIDERED FOR FEE WAIVER:**

Term and Year	Course Number and Title	Course Level (Undergrad/Grad)	Units

**Note:** Some courses taken through fee waiver may be subject to taxation.

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

 \_\_\_\_\_  
 Employee's Signature

 \_\_\_\_\_  
 Date

**HUMAN RESOURCES OFFICE USE**

 This employee is  Faculty  Staff      FLSA Status:  Exempt  Non-Exempt

 Eligible for Fee Waiver  Yes  No (Reason for not eligible) \_\_\_\_\_

Number of units eligible for: \_\_\_\_\_ Undergrad units \_\_\_\_\_ Graduate Units

Position # \_\_\_\_\_ CBID \_\_\_\_\_

Additional Fees (e.g., extra unit fee, late fees) Total \_\_\_\_\_ Budget Code: \_\_\_\_\_

CSUM Fee Waiver Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Campus Fee Waiver Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_