

DEPENDENT FEE WAIVER TRANSFER APPLICATION CALIFORNIA STATE UNIVERSITY

SECTION 1 - EI	mployee Information				
Name:		Social Security:	Classification Title:		
Department:		Email Address:	I	CIN:	
Campus, Campus Address & Phone: Time Base:Full timePart time					
Status:PermanentProbationaryTemporary (appt. exp)					
SECTION II – Dependent Information					
Name:		Social Security*:	Email Address:	Phone Numb	er:
Date of Birth: Mailing Address:					
Relationship to employee:			Is the dependent applying for admission at this time?		
Spouse by Marriage			YesNo		
Dependent C	hild (Please specify by checking one o	Has the \$70 application fee been paid?YesNo			
choices) Note: C	SUEU limit for child is 25	s the dependent receiving financial aid?YesNo			
child or step	child under age 23/25 who has never b	Student Status:			
married			New Student orContinuing Student		
child living with employee in parent-child relationship who			UndergraduateGraduateEd.DCredential		
is economically dependent upon employee, under age			Campus to attend California Resident?YesNo		
23/23 who has never been married				NO	
child or stepchild age 23/25 or above who is incapable of					
self-support due 123/25	to a disability that existed prior to age				
Domestic partner (Declaration of Domestic Partnership is filed					
with the Secretar	y of State)	-			
Term and Year	Course Title & Nu	mber	Level (Undergraduat	e or Graduate)	Units
(Example)				e or oradate)	Chits
Fall 2007	Art History 108		Undergrad	ıate	3
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.					
approved lee wat	iver classes occur.				
Signature of emp	loyee 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 orStaff Eligibility:					
Dependent is eligible for fee waiver benefits					
Dependent is on flighter for white ordering					
Number of Units Eligible for:Undergrad Units orGraduate Units (including Ed.D.)					
Position #CBID:					
Additional Fees (e.g., extra unit fee, late fees) Total: Budget Code:					
Fee Waiver Coor	dinator Signature		Date Number:		