

Term

 Applying for: Semester Quarter Campus to Attend: _____ Date: _____

 Fall Winter Spring Year: _____

 New or Continuing Student

Part I – EMPLOYEE INFORMATION

Employee Name:	Email:	Current Employee Status: ___ Permanent Circle one: FT PT (If PT – time base _____) ___ Temporary FT; Appt. end date _____ ___ On Educational Leave or approved leave of Absence ___ Staff ___ Faculty
Employee ID #:	Job Classification:	

Part 2 – DEPENDENT INFORMATION

Dependent Name:	Student ID#:
Relationship to Employee:	Date of Birth:
Email:	Receiving Financial Aid? ___ Yes ___ No
Applying for Admission? ___ Yes ___ Already Admitted	Comments (if needed):

Part 3 – COURSE INFORMATION

Degree Objective: ___ Bachelor's ___ Master's ___ Credential ___ Doctorate	
How many courses does dependent intend to take? _____ How many units total? _____	___ Undergraduate Coursework ___ Graduate Coursework

Part 4 – EMPLOYEE VERIFICATION AND SIGNATURE

I understand that some courses taken through fee waiver may be subject to taxation. (Refer to IRC Tax Code Sections: 117(d); 127; and 132(d))

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 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, 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.

Employee Signature:	Date:
----------------------------	--------------

Part 5 – OFFICE USE ONLY

Dependent is: ___ Eligible for Fee Waiver ___ Not Eligible (Reason: _____)		
Ee Position # 265 - - CBID: _____	Number of Units:	Notes:
Fee Waiver Coordinator Signature:	Phone:	Date: