



Waiver Request for CSU Application Fee

Instructions: This form is to be used by employees, spouses, dependent children or domestic partners who are requesting the CSU application fee be waived. A maximum of one application fee per degree will be waived. Return this completed form to the Payroll & Benefits Office, Salazar Hall 2079C. Once approved, the Payroll & Benefits Office will return the form to you, which should be attached to the CSU Application for Admissions and submitted following the instructions on the CSU Application for Admissions. Please direct questions regarding this form to 664-2178, fax 664-2024. Individuals in need of a telecommunications relay service may contact the California Relay Service at (877) 735-2929 TTY. For more information, please visit the Payroll and Benefits website at <http://www.sonoma.edu/hs/payroll/feewaiver.html>

Employee Information

Employee Name: [REDACTED]	Employee ID Number: [REDACTED]
Department Name: [REDACTED]	Employee of an auxiliary corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
On-Campus Telephone: [REDACTED]	Bargaining Unit: [REDACTED]
Job Title: [REDACTED]	

Fee Waiver Participant Information

Name of Fee Waiver Participant: [REDACTED]	Relationship to Employee: [REDACTED]	
Date of Birth: [REDACTED] (dependent child only)	Term/Year: [REDACTED]	Campus Attending: [REDACTED]
Type of coursework Fee Waiver Participant will enroll in: <input type="checkbox"/> Work Related <input type="checkbox"/> Career Development		

Employee Signature

Date

Payroll & Benefits Office Use Only

Time Base: Full Time Part Time Approved Not Approved (explain) _____

Signature of Authorized Official: _____ Date: _____

Copies: Original to employee, copy for employee fee waiver file.