

**DEPENDENT TUITION WAIVER TRANSFER APPLICATION
CALIFORNIA STATE UNIVERSITY**

SECTION I – Employee Information		
Name:	Social Security: - -	Classification Title:
Department:	E-mail Address:	
Campus, Campus Address & Phone:	Time Base: ___ Full time ___ Part time Status: ___ Permanent ___ Probationary ___ Temporary (appt. exp. _____)	

SECTION II – Dependent Information			
Name:	Social Security*: - -	Email Address:	Phone Number:
Date of Birth: ____/____/____ (Month/Day/Year)	Mailing Address:		

Relationship to employee: <input type="checkbox"/> Spouse by Marriage <input type="checkbox"/> Dependent Child (Please specify by checking one of the below choices) ___ child or stepchild under age 23 (age 25 if child of CSUEU employee) who has never been married ___ child living with employee in parent-child relationship who is economically dependent upon employee, under age 23 who has never been married ___ child or stepchild age 23 or above who is incapable of self-support due to a disability that existed prior to age 23 ___ Domestic partner (Declaration of Domestic Partnership is filed with the California Secretary of State)	Is the dependent applying for admission at this time? ___ Yes ___ No Has the \$55 application fee been paid? ___ Yes ___ No Is the dependent receiving financial aid? ___ Yes ___ No Student Status: ___ New Student or ___ Continuing Student ___ Undergraduate ___ Graduate ___ Credential Campus to attend _____ California Resident? ___ Yes ___ No
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Term and Year	Course Title & Number	Level (Undergraduate or Graduate)	Units
(Example) Fall 2003	Art History 108	Undergraduate	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 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.	
Signature of employee _____	Date _____

OFFICE USE ONLY	
EMPLOYEE’S EMPLOYMENT STATUS (See Technical Letter HR/Benefits 2002-30 for eligibility criteria):	
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	
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: _____