

**DEPENDENT TUITION WAIVER TRANSFER APPLICATION**

**SECTION I – Employees Information**

Name:	Employee ID:	Classification Title:
Department:	Email Address:	
Campus, Campus Address and Phone:	Time Base: Full Time Part Time Bargaining Unit MPP Confidential Status: Permanent Probationary Temporary (appointment expires: _____)	

**SECTION II – DEPENDENT INFORMATION**

Name:	Student ID:	Email Address:	Phone Number:
Date of Birth: (mm/dd/yyyy)	Mailing Address:		

Relationship to employee: Spouse Domestic partner (Declaration of Domestic Partnership is filed with the Secretary of State) Dependent Child (Please specify by checking one of the below choices) <b>NOTE: CSUEU, CFA, APC, SETC, Confidential, MPP &amp; Executives age limit for child is 25; UAPD, &amp; SUPA age limit for child is 23</b> Child or stepchild under age limit who has never been married Child living with employee in parent-child relationship who is economically dependent upon employee, under age limit who has never been married Child or stepchild over age limit who is incapable of self-support due to a disability that existed prior to age limit	Is the dependent applying for admission at this time? Yes No Has the \$55 application fee been paid? Yes No Student Status: New Student Continuing Student Undergraduate Graduate Ed.D. Credential Campus planning to attend: _____ California Resident? Yes No
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Term and Year	Course Title	Level (Undergraduate or Graduate)	Units
(Example) Fall 2017	Art History 108	Undergraduate	3

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

**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 Resources and Equal Opportunity department if any changes in approved fee waiver classes occur.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**EMPLOYEE’S EMPLOYMENT STATUS (See appropriate Technical Letter for eligibility criteria):**

This employee is:  
 Faculty Staff MPP Confidential  
 Dependent is eligible for fee waiver benefits  
 Dependent is not eligible to receive fee waiver benefits (Reason: \_\_\_\_\_)

Tuition Waiver Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Tuition Waiver Coordinator Campus: \_\_\_\_\_ Phone Number: \_\_\_\_\_