



About this form: This form is to be used by eligible employees, spouses, domestic partners, or dependent children who are requesting reimbursement of the Application Fee under the provisions of the CSU Tuition Waiver Program. Fees are due when applying for admission through [Cal State Apply](#). Please direct questions regarding this form to the Payroll and Benefits Office at (707) 664-2793 or fax to (707) 664-2024. For more information about the CSU Tuition Waiver Program, please visit the Payroll and Benefits website at: <http://web.sonoma.edu/hr/payroll/benefits/tuitionwaiver.html>.

Instructions: Return this completed form along with proof of payment (see below) to the Payroll and Benefits Office after the admission application has been submitted. Once eligibility for the fee waiver is approved by the employee's home campus, the request will be submitted to the student's campus of attendance where processing of the reimbursement will occur. A maximum of one (1) application fee per degree can be waived.

Proof of Payment Instructions: Go to <https://calstate.liaisoncas.com/applicant-ux/#/login>
Sign in to your account
Click under your name on the right hand corner
Click on "My Profile"
Click on "Payment History" on the left hand tabs
Click on "View Order Details"
Right click to print that page
Attach to this request form and submit to Payroll and Benefits

Employee Information

Employee Name:	Employee ID Number:
Department Name:	Time Base:
On-Campus Phone Number:	Bargaining Unit:
Job Title:	

Fee Waiver Participant (Student) Information

Name of Fee Waiver Participant:	Relationship to Employee:	
Date of Birth: (Dependent child only)	Term/Year:	Campus Attending:
Date Admission Application Submitted (Estimated):	CAS ID:	
Type of Coursework Fee Waiver Participant Will Enroll in:	Work Related	Career Development

I understand that submission of this form does not guarantee a refund of the CSU Application Fee.

Employee Signature

Date

Payroll and Benefits Use Only

Eligibility Criteria: Permanent Temporary Appt. Eff. Date: _____

Approved Denied Reason for Denial: _____

Tuition Waiver Coordinator Signature: _____

Date: _____