

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 <b>NOTE: CSUEU, CFA, APC, Teamsters, SUPA, Confidential, MPP &amp; Executives age limit for child is 25; UAPD age limit for child is 23</b> Recognized Child, living with employee in parent-child relationship who is economically dependent upon employee and is under the age limit Child over age limit who is incapable of self-support due to a disability that existed prior to the age limit		Is the dependent applying for admission at this time? Yes No Has the \$70 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	

Term and Year	Course Title	Level (Undergraduate or Graduate)	Units
(Example) Fall 2019	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	
<b>EMPLOYEE’S EMPLOYMENT STATUS (See appropriate Technical Letter for eligibility criteria):</b> 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: _____