

Term
Applying for: Semester Quarter **Campus to Attend:** _____ **Date:** _____

 Fall Winter Spring Summer **Year:** _____ New **or** Continuing Student

Part I – EMPLOYEE INFORMATION

Employee Name:	Email:	Current Employee Status: <input type="checkbox"/> Permanent Circle one: FT PT (If PT – time base _____) <input type="checkbox"/> Temporary FT; Appt. end date _____ <input type="checkbox"/> On Educational Leave or approved leave of Absence <input type="checkbox"/> Staff <input type="checkbox"/> Faculty
Employee ID #:	Job Classification:	

Part 2 – DEPENDENT INFORMATION

Dependent Name:	Student ID#:
Relationship to Employee:	Date of Birth:
Email:	Receiving Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applying for Admission? <input type="checkbox"/> Yes <input type="checkbox"/> Already Admitted	Comments (if needed):

Part 3 – COURSE INFORMATION

Degree Objective: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Credential <input type="checkbox"/> Doctorate	
How many courses does dependent intend to take? _____ How many units total? _____	<input type="checkbox"/> Undergraduate Coursework <input type="checkbox"/> Graduate Coursework

Part 4 – EMPLOYEE VERIFICATION AND SIGNATURE

I understand that some courses taken through fee waiver may be subject to taxation. (Refer to IRC Tax Code Sections: 117(d); 127; and 132(d))

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.

Employee Signature:	Date:
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Part 5 – OFFICE USE ONLY

Dependent is: <input type="checkbox"/> Eligible for Fee Waiver <input type="checkbox"/> Not Eligible (Reason: _____)		
Ee Position # 265 - - CBID: _____	Number of Units:	Notes:
Fee Waiver Coordinator Signature:	Phone:	Date: