DEPENDENT FEE WAIVER TRANSFER APPLICATION
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

SECTION 1 – Employee Information

Name:	Social Security: - -	Classification Title:
Department:	E-mail Address:	
CSU Campus & 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:
☐ Spouse by Marriage
☐ Dependent Child (Please specify by checking one of the below choices) *Note: CSUEU and Unit 6 limit for child is 25*
- ☐ child or stepchild under age 23/25 who has never been married
- ☐ child living with employee in parent-child relationship who is economically dependent upon employee, under age 23/25 who has never been married
- ☐ child or stepchild age 23/25 or above who is incapable of self-support due to a disability that existed prior to age 23/25

☐ Domestic partner (Declaration of Domestic Partnership is filed with the 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 ☐ Ed.D. ☐ Credential

Campus to attend _____
California Resident? ☐ Yes ☐ No

Term and Year	Course Title & Number	Level (Undergraduate or Graduate)	Units
(Example) Fall 2011	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 2011-xx 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 (including Ed.D.)

Position # _____ - _____ - _____ **CBID:** _____

Additional Fees (e.g., extra unit fee, late fees) Total: _____ **Budget Code:** _____

Fee Waiver Coordinator Signature: _____ **Date:** _____

Fee Waiver Coordinator Campus: **Dominguez Hills** **Phone Number:** **(310) 243-3771**