



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

# AUTHORIZATION FOR OLDER ADULT REGISTRATION FEE WAIVER

## THE REGISTRAR'S OFFICE

(Executive Order 734)

FOR OFFICE USE ONLY

PLACE DATE STAMP HERE

STUDENT ID: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Persons enrolling in the program shall be eligible to register starting the first day of the term**

### Procedure

- This form must be completed and approved by the Registrar's Office and is valid only for the semester specified below.
- Upon approval, the following fees will be waived:
  - State University Fee
  - Health Services Fee
  - Late Registration Fee
- The following fees will be reduced to \$1.00 each:
  - Student Activity
  - Student Center Fee
  - Facilities
- Students may submit this form at the start of the registration period for the term until the last day of the late registration period. If the student already has courses for the term at time of form submission, these courses will be dropped if student wishes to apply for this fee waiver.
- The student must pay for all other charges.

**RETURN COMPLETED FORM TO REGISTRAR@CSUDH.EDU**

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Fee Waiver Request for: Fall / Spring Year \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  Term/Year: \_\_\_\_\_

Service Indicator Updated  Student Group Verified  Submitted to Student Financial Services

Processed by: \_\_\_\_\_ Date Posted: \_\_\_\_\_