

DEPENDENT FEE WAIVER TRANSFER APPLICATION

SECTION 1 – Employee Information (To be completed by employee for each term of enrollment)

Non-exempt

Exempt

Name: _____ Employee ID# _____ Classification Title: _____

Department: _____ Email: _____

Time Base: Full time Part time Position: Staff Faculty

Status: Permanent Probationary Temporary (appt.exp. _____)

SECTION 2 – Dependent Information

Name: _____ Date of Birth: ____/____/____ Phone: _____

Email: _____ Student ID # _____

Relationship to employee:

Spouse by Marriage

Dependent child

Note: CSUEU, Teamsters, and CFA limit for child is 25

Has dependent applied for admission?

Yes

No

Has dependent paid the Application fee?

Yes

No

Domestic partner (Declaration of Domestic Partnership is filed with the Secretary of State)

Student Status: New Student Continuing Student Undergraduate Graduate Ed.D Credential

CAMPUS TO ATTEND: _____ California Resident Yes No

Term and Year	Course Title & Number	Level (undergraduate or Graduate)	Unit

NOTE: Some courses taken through fee waiver may be subject to taxation.

The Student ID# 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 of the California Code of Regulations.

SECTION 3- 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. I have also reviewed the taxation information on the CSUDH fee waiver website. Further, I understand that my spouse, dependent child or domestic partner is responsible for meeting all registration and payment deadlines and informing Human Resources office if any changes in approved fee waiver occurs.

Signature of employee

Date

OFFICE USE ONLY

EMPLOYEE'S EMPLOYMENT STATUS (See Technical Letter HR/Benefits 2011-14 for eligibility criteria)

Position # _____ - _____ - _____ CBID _____ 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.)

Fee Waiver Coordinator Signature: _____ Date: _____ Phone Number : 310 243-3771