California State University
MONTEREY BAY
Human Resources

Application for Employee Fee Waiver Program: Non-Matriculated Student

* In order to process your application, we need the required information. Please answer all questions and complete the full form thoroughly. The form will be returned to you if not complete.

1.   **Summer   Fall   Winter   Spring**   2. **Year:** _____
(Check one term only and attach to Employee Fee Waiver form and submit to University Personnel)

3. **CSUMB ID:**_____

4. **Have you previously attended this campus?**

        No ☐   Yes ☐   Year of attendance:_____

5. **First Name:**_____ MI_____ **Last Name:** _____

Other name(s) that may appear on your academic records:

     First Name:_____ **MI**_____ **Last Name:** _____

6. **Current Mailing Address:**

_____   _____   _____
Street Number   Street Name   Apt#

_____   _____   _____
            City   State   Zip code

7. **Permanent Address**: (if different from current address)

_____   _____   _____
Street Number   Street Name   Apt #

City_____ State _____Zip code_____

8. **Home Telephone:**   8b. **Daytime/Message Telephone:**

_____   _____
(Area Code)   (Telephone Number)   (Area Code)   (Telephone Number)

8c. **Fax**:   8d. **E-mail:**

_____   _____
(Area Code)   (Fax Number)

9. **Birth date**: _____   10. **Sex: F** ☐ **M** ☐

           Month   Day   Year

11. **High School attended*(REQUIRED)**

_____

Name of institution

City_____   State_____

Graduation Date: _____   **GED Date**: _____

* If you have attended a high school outside the U.S., please enter the full name and location of that high school.

12. **Colleges and Universities attended: (REQUIRED)**
*ALL DEGREES RECEIVED IS REQUIRED INFORMATION NEED FOR PROCESSING & DATA ENTRY

School Name	State	Enrolled dates: To & From	# of units	Degree Received

13. **CERTIFICATION- to be read and signed by all applicants to certify the accuracy of the information provided.**

I certify **under penalty of perjury** under the laws of the State of California that I have provided complete and accurate reposes to all the items on this application. I further certify all official documents in support of this application are authentic and unaltered records that pertain to me. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit or enrollment.

Form signed at _____   _____   _____
                City and County   *Applicant Signature*   *Date*