

DEPENDENT FEE WAIVER TRANSFER APPLICATION

SECTION 1 – Employee Information									
Name:			Employee ID:		Classification Title:				
Department:			Building #/ Room:		Phone:				
Time Base	e: Full time	Part time	Status: Permanent Probationary Temporary (appt. exp)					(p <u>.</u>)	
SECTION II – Dependent Information									
Name:		Attending U	Jniversity Student ID:	Student ID: Email:			Phone Number:		
Mailing A	Date of Birth: (dependent child only) (month/day/year)								
Relationship to employee: Is the dependent applying for admission at this time?									
Spouse	Yes No								
Dependent	Has an application been filed?								
☐ ch	☐Yes ☐No								
	rried	. 191		Student Status:					
☐ child living with employee in parent-child ☐ New Student or ☐ Continuing Student relationship who is economically dependent upon ☐ Undergraduate ☐ Graduate ☐ Credential									
employee, under age 25 who has never been married									
child or stepchild age 25 or above who is incapable of self-support de to a disability that existed prior to						attend:			
	Semester:								
age 25 Domestic partner (Declaration of Domestic Partnership is					Year:				
filed with the California Countains of State									
(For SUPA (unit 8) employees, the age limit for dependent children									
is under age 23, using same definitions above.) **To avoid a \$25.00 late registration fee, matriculated students seeking a degree must register prior to the 1 st day of the term.**									
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Dept.	Course Title &	& Number	Course Level (Un	idergrad, or Gi	rad.)	Days	Times	Units	
								+	
SECTION I	II FMDI OVEF	VEDIEIC	ATION AND SIGNATUDE	7					
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 that I am responsible for informing the									
University Personnel office if any changes in approved fee waiver classes occur.									
I understand tha	nt courses taken throug	h fee waiver	may be subject to taxation (see the	e Fees and Taxati	on infor	mation on the Uni	iversity Personne	el website)	
		•	cript showing good academic stan						
Employee S	ignature			Date					
			OFFICE LISE O	NI V					
EMPLOYEI	E'S EMPLOYME	NT STATU	OFFICE USE O	INLI					
(See Technical	Letter HR/Benefits	2007-08 & th	ne Collective Bargaining Agree	ments for eligibi	ility crit	eria):			
Employee	e is:Faculty	or _	_Staff CBID:	F	LSA S	tatus:Exe	mptNo	n-Exempt	
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 orGraduate Units or2 Courses (whichever							r is greater)		
						Academic Standing			
Fee Waiver Coordinator Signature						Date_			
Fee Waive	r Coordinator: To	ni Uribe, CS	U Monterey Bay / Phone Num	nber: 831/582-3	3626	Fax: 831/582-	4736	Rev. 6/21	