CALIFORNIA STATE UNIVERSITY, MONTEREY BAY
Human Resources

DEPENDENT FEE WAIVER TRANSFER APPLICATION

SECTION 1 – Employee Information

Employee Name:	Employee ID:	Classification Title:
Department:	Building #/ Room:	Campus Ext:

Time Base: Full time   Part time   Status   Permanent   Probationary   Temporary (appt. exp._____)

SECTION II – Dependent Information

Name:	Student ID Number:	Email:	Phone Number:
Mailing Address:		Date of Birth _____ (**dependent child only**) (month / day / year)	

Dependent Information:

Spouse
Dependent child (up to age 25)
Domestic partner (Declaration of Domestic Partnership must be filed with the California Secretary of State)

Is the dependent applying for admission at this time?   Yes   No

Has an application been filed?   Yes   No

Status:

New Student or   Continuing Student
Undergraduate   Graduate   Credential

Campus to attend: _____
Semester: _____
Year: _____

California Resident?   Yes   No

Dept.	Course Title & Number	Course Level (Undergrad. or Grad.)	Days	Times	Units

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 Human Resources office if any changes in approved fee waiver classes occur.

I understand that courses taken through fee waiver may be subject to taxation (see the Fees and Taxation information on the Human Resources website) and that all students must attach an unofficial transcript showing good academic standing to participate in this program.

_____   _____
Employee Signature   Date

OFFICE USE ONLY

Employee is: ____ Faculty   or   ____ Staff   **CBID:** _____   **FLSA Status:**   Exempt   Non-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 or _____ Graduate Units or ____ 2 courses (whichever is greater)

Academic Standing _____

Fee Waiver Coordinator Signature_____ **Date**_____

Fee Waiver Coordinator: Toni Uribe, CSU Monterey Bay / Phone Number: 831/582-3389   **Revised 11.2024**