



DEPENDENT FEE WAIVER TRANSFER APPLICATION

**SECTION 1 – Employee Information**

Employee Name:	Employee ID:	Classification Title:
Department:	Building #/ Room:	Campus Ext:
Time Base: <input type="checkbox"/> Full time <input type="checkbox"/> Part time      Status <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> 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** \_\_\_\_\_