California State University, Monterey Bay

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 Sem	ester 🗌 Fall Seme	ster 🗌 Winter S	Semester 🗌	Spring Semester
(Check one term or	nly and attach to Employee	e Fee Waiver form and su	ubmit to Univer	sity Personnel)
2. Year of semester	of application	3. SSN		
	usly applied to or atte	ended this campus?		
_				
No 🗌	Yes Vear of atte			
5. Name				
Other name (s) th	nat may appear on your	r academic records:		
6. Current Mailing	Address:			
Street Number				
Street Number	Street Name			Apt #
City		State	Zip code	
7. Permanent Addro	ess: (if different from c	current address)		
Street Number	Street Name			Apt #
City	Sta	ate	Zip code	
8. Home Telephone:		8b. Davtim e	e/Message T	elephone:
(Area Code)	(Telephone Number)	(Area Code)	(Telephone Numbe	r)
8c. Fax:	· · · · · · · · · · · · · · · · · · ·	8d. E-mail:	· · · · · · · · · · · · · · · · · · ·	·
(Area Code)	(Fax Number)			

9. Birth date:	10. Sex: (enter M or F) \Box
Month Day Year	
11. High School attended*(REQUIRED)	
Name of institution	
City	State
Graduation 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 signature at ____

Date