



SAN DIEGO STATE UNIVERSITY

Employee & Dependent Fee Waiver Form

California State University \$55 Application Fee

Employee Information

Employee Name: _____

Red ID: _____

Department/College: _____

Bargaining Unit: _____

Contact Information:

Employment time base:

Status:

Phone #: _____

Full time

Permanent

Fax: _____

Part time

Probationary

Note: approved form is faxed to employee unless otherwise requested

Temporary; if checked:

Mail Code: _____

Appt expires: _____

Email: _____

FERP

CSU Application Fee reimbursement is for Myself Dependent

Dependent Information (if applicable)

Name of Dependent: _____

Campus ID: _____

(SSN if not SDSU enrolled)

Relationship:

Spouse Domestic Partner* Dependent Child**

Date of Birth: _____

(Dependent Child only)

Course Information

Campus of Enrollment:

Academic Year:

Resident Status for Tuition Purposes:

SDSU or
 Other CSU campus:

20____/20____

Resident (In-state)
 Non-resident (Out-of-state)

Coursework:

Term:

Undergraduate
 Graduate
 Credential

Fall
 Winter

Spring
 Summer: I / II / III (circle session)

Fee Information

Check appropriate box:

- I am requesting reimbursement for the \$55 application fee (I have already submitted my CSU application and paid the fees)
 I am requesting a waiver of the \$55 application fee

I have read and understand the conditions of the Fee Waiver Program.

Employee Signature

Date

To Be Completed By Fee Waiver Coordinator

Fee Waiver Coordinator Signature

Date

**Domestic Partner' is a partnership registered through the Secretary of State designation process.

***Dependent child' is defined as (1) your child or stepchild under age 23 who has never been married; (2) a child living with you in a parent-child relationship who is economically dependent upon you, under age 23 and has never been married; (3) your child or stepchild age 23 or above who is incapable of self-support due to a disability which existed prior to age 23. For CSUEU employees (Units 2, 5, 7, & 9) and Unit 6 employees a dependent is defined as under the age of 25.

**Fax form to Fee Waiver Program at (619) 594-4013 or mail to MC 1625
Please allow 5 days for processing. To check on the status of your waiver call (619) 594-2449.**

For individuals who are requesting a waiver:

1. Complete the on-line CSU application at <http://www.csumentor.edu> and indicate that you are paying by check
2. Fax this Fee Waiver Form to the number below.
3. An approved copy of the Fee Waiver Form will be faxed to the employee and Enrollment Services.
4. Contact Magda Vargas in Enrollment Services at (619) 594-6590 to ensure all forms have been received.

Please note:

- A separate Fee Waiver Form for Registration & Miscellaneous Fees must be submitted each semester employees or dependents are taking courses (submission deadlines are listed at <http://bfa.sdsu.edu/ps/train/feewaiver.htm>).
- Only one application fee per academic year for any university in the CSU system can be reimbursed or waived.