



SAN DIEGO STATE UNIVERSITY

# Dependent Fee Waiver Form

## Registration & Miscellaneous Fees

### 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

### Dependent Information

Name of Dependent: \_\_\_\_\_

Campus ID: \_\_\_\_\_

(SSN if not SDSU enrolled)

Relationship:

Date of Birth: \_\_\_\_\_

Campus of Enrollment:

Spouse

(Dependent Child only)

SDSU or

Domestic Partner\*

Other CSU campus:

Dependent Child\*\*

Term:

Coursework:

Academic Year:

Resident Status for Tuition purposes:

Fall

Undergraduate

20\_\_\_\_/20\_\_\_\_

Resident (In-state)

Winter

Graduate

Non-resident (Out-of-state)

Spring

Credential

Summer: I / II / III

I certify that the individual named above is my legal spouse, domestic partner or dependent child. I understand that he / she is responsible for meeting all registration and payment deadlines as defined in the class schedule of the campus of enrollment. Additionally, I understand this transfer prohibits my personal use of the fee waiver benefit during the period indicated.

\_\_\_\_\_  
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.**