

CSULB STAFF DEPENDENT CHILD/SPOUSE/DOMESTIC PARTNER REQUEST FOR REGISTRATION FEE WAIVER

Winter
 Spring
 Summer
 Fall / Year

 REVISION ()
 See back page for eligibility requirements.

 Dependent's Last Name First Name Dependent's Campus ID # Phone # Where Dependent can be reached

 Dependent's Relationship to Employee Dependent's Date of Birth Dependent's Email Address

 Employee's Last Name First Name Employee's ID # Employee's Job Classification (not a working title)

 Employee's Department / Office *Specify employee's campus name if other than CSULB Employee's Work Phone #

***NOTE:** Employee working at another CSU campus, attach a memo or a signed FW eligibility verification form from your campus Fee Waiver Administrator.

- Is the dependent claimed on employee's health benefit? Yes No
- Which CSU campus is dependent enrolling in? _____
- Do you need to apply for admission to the University this semester? Yes No
 If yes, have you submitted an Application Fee Waiver Form and CSU Admissions Application to our office? Yes No
- What is your degree objective? Bachelor's Master's Doctorate Credential

Maximum of two (2) courses or six (6) units, whichever is greater, per semester will be waived under this program. List all classes for which you would like fees to be waived. If you make any changes in your classes for which fees are waived, you **must** submit another form and mark "Revision."

Dept	Course # (3-digit)	Course Title	Units	Days / Hours	If Summer Session, Circle Session #
					1st / 2nd / 3rd
					1st / 2nd / 3rd
					1st / 2nd / 3rd

(You must answer all questions.)

Please sign, get employee's signature, and submit form to Staff Human Resources, BH 335 at **least two (2) weeks prior** to your registration date:

 Dependent Signature (See back page for the dependent eligibility requirements.)

 Employee Signature (*Employee must sign.)

* I certify that the individual noted above is my legal dependent child/ spouse/ registered domestic partner. I wish to transfer my fee waiver eligibility, as provided in appropriate policy or collective bargaining agreement, to my dependent child/spouse/domestic partner listed above. I understand this transfer prohibits my personal use of fee waiver benefits during the period indicated.

CSULB STAFF HR USE ONLY

Employee's Collective Bargaining Unit _____

Employee's Employment Status _____

_____ Units or _____ Course(s) Approved

Fee Waiver Administrator Signature
Date

The employee noted above is eligible to participate in the fee waiver program and thus may transfer fee waiver eligibility to a dependent child/spouse/domestic partner. Approval verifies eligibility for fee waiver benefits under the collective bargaining agreement only. Approval is not a guarantee of dependent's academic standing or academic eligibility.



Distribution: White – Staff HR / Yellow – Student Acct Svcs / Pink – Dependent (after Staff HR's approval)

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