



CALIFORNIA STATE UNIVERSITY, MONTEREY BAY  
Human Resources

**DEPENDENT FEE WAIVER TRANSFER APPLICATION**

**SECTION I – Employee Information**

Name:	Employee ID:	Classification Title:
Department:	Building #/ Room:	Phone:

Time Base:  Full time  Part time      Status:  Permanent  Probationary  Temporary (appt. exp. \_\_\_\_\_)

**SECTION II – Dependent Information**

Name:	Attending University Student ID:	Email:	Phone Number:
Mailing Address:		Date of Birth: (dependent child only) (month/day/year)	

**Relationship to employee:**

- Spouse by Marriage  
 Dependent Child (Please specify by checking one of the below choices)  
 child or stepchild under age **25** who has never been married  
 child living with employee in parent-child relationship who is economically dependent upon employee, under age **25** who has never been married  
 child or stepchild age **25** or above who is incapable of self-support due to a disability that existed prior to age **25**  
 Domestic partner (Declaration of Domestic Partnership is filed with the California Secretary of State)  
 (For SUPA (unit 8) employees, the age limit for dependent children is **up to age 25**, using same definitions above.)

**Is the dependent applying for admission at this time?**

Yes  No

**Has an application been filed?**  Yes  No

**Is the dependent receiving financial aid?**

Yes  No

**Student Status:**

New Student or  Continuing Student  
 Undergraduate  Graduate  Credential

**Campus to attend:** \_\_\_\_\_

**Semester:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**California Resident?**  Yes  No

**\*\*To avoid a \$25.00 late registration fee, matriculated students seeking a degree must register prior to the 1<sup>st</sup> day of the term.\*\***

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'S EMPLOYMENT STATUS**

(See Technical Letter HR/Benefits 2023-08 & the Collective Bargaining Agreements for eligibility criteria):

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** \_\_\_\_\_

**Fee Waiver Coordinator:** Toni Uribe, CSU Monterey Bay / Phone Number: 831/582-3626 Fax: 831/582-4736

Rev. 4/23