

**DEPENDENT FEE WAIVER APPLICATION**

Human Resources  
Joyal Rm 211  
California State University, Fresno

**SECTION 1 – EMPLOYEE INFORMATION** (to be completed for each term of enrollment)

Name:	ID Number:	Department:
Classification Title:	Campus Phone:	Email Address:
Time Base: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary (appt. exp. _____)	Bargaining unit: <input type="checkbox"/> Unit 1 (UAPD) <input type="checkbox"/> Unit 7 (CSUEU) <input type="checkbox"/> Unit 2 (CSUEU) <input type="checkbox"/> Unit 8 (SUPA) <input type="checkbox"/> Unit 3 (Faculty) <input type="checkbox"/> Unit 9 (CSUEU) <input type="checkbox"/> Unit 4 (APC) <input type="checkbox"/> C99 (Confidential) <input type="checkbox"/> Unit 5 (CSUEU) <input type="checkbox"/> M80 (MPP) <input type="checkbox"/> Unit 6 (SETC) <input type="checkbox"/> M98 (Executive)	

**SECTION II – DEPENDENT INFORMATION**

Name:	CSU Campus to Attend:	Campus ID:		
Relationship:	Date of Birth:	Student's Email Address:		
Enrollment Period (Term/ Year): _____      Fall      Spring      Summer Academic Standing: <input type="checkbox"/> Undergraduate      Graduate      Doctorate      Credential List major: _____				
<b>If your Dependent is attending a CSU campus other than Fresno State, please complete the section below.</b>				
Level of course Undergraduate or Graduate	Course Number	Schedule No.	Course Title	Units
<i>Example: U</i>	<i>NRSG250</i>	<i>10069</i>	<i>Intermediate Nursing</i>	<i>3</i>

Some courses taken through Fee Waiver Program may be subject to taxation.

Return completed form to: HR (M/S JA71)

**SECTION III – EMPLOYEE VERIFICATION AND SIGNATURE**

I certify that the individual named above is my legal spouse, dependent child, or registered domestic partner (Dependent) 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 informing the Human Resource office if any changes in approved fee waiver classes occur.

Students participating in this program must be in good academic standing. Academic standing will be reviewed each semester to determine eligibility to participate in the subsequent semester. 'Good Academic Standing' does not include Probation, Disqualification, Contract status or Administrative Approved Academic Probation.

For information on Academic Probation: <http://www.csufresno.edu/studentaffairs/programs/advising/disquali.shtml>

If my Dependent is attending CSU, Fresno, a confirmation of enrollment listing the courses and the units per course is attached to my application. **Applications will be considered incomplete and will be returned if this information is not attached.**

I understand that fees waived on behalf of an employee's legal spouse, dependent child, or registered domestic partner for enrollment in graduate-level courses may be reported as taxable income for the employee. All undergraduate level course work taken by an employee's domestic partner through this program is taxable as well.

**I UNDERSTAND THAT THE STUDENT MAY ALSO BE CHARGED FULL OR PRORATED REGISTRATION FEES IF THE STUDENT DROPS CLASSES FOR WHICH THE STUDENT HAS BEEN GRANTED A FEE WAIVER. THE WAIVER WILL BE REMOVED AND FEES WILL BE CHARGED UP TO THE FULL AMOUNT AS OF THE DATE OF THE CLASS WITHDRAWAL.** See [Accounting Services](#) web page for more information.

As an employee, I have read and understand the conditions of the Fee Waiver Program which can be found on [Technical Letter HR Benefits 2011-14](#) and my [Collective Bargaining Agreement](#).

\_\_\_\_\_

Employee – Print Name                      Employee's Signature                      Date

As the Human Resources Representative, I have verified that the employee listed above is eligible to participate in the fee waiver program. Fee Waiver Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Previously Approved       New Participant