

2018-2019 Application Fee Waiver Appeal Information

In case of financial hardship, the California State University Office of the Chancellor has allowed each CSU campus a limited number of undergraduate application fee waivers for residents of California. Only California residents are eligible exception, may also apply a fee waiver.

The attached Application Fee Waiver Appeal Form, including this cover sheet, must be completed and submitted **before** the Cal State Apply application is submitted- we are unable to issue refunds for submitted application fees! Please allow at least one week for processing completed Application Fee waiver Appeal forms and supporting documents.

To apply, please complete this cover sheet and the attached Application Fee Waiver Appeal form. Completed forms and supporting documents maybe submitted to Admissions via one of the following:

By Mail

Fresno State
Office of Admissions
5150 N Maple Ave. M/S JA57
Fresno, CA 93740

Drop Off

Fresno State
Office of Admissions
Joyal Administration Building, North Lobby
5150 N Maple Ave.
Fresno, CA 93740
Monday-Friday 8am-5pm

By Email

admissions@csufresno.edu

Subject: Fall 2018 App Fee Waiver Appeal

Please do not submit appeal forms without supporting documents attached.

If your Application Fee Waiver Appeal is approved you will be contacted with instructions on how to submit you Cal State Apply Application prior to the application deadline.

The deadline to submit an Application Fee Waiver Appeal is November 30, 2017.

Fresno State Student Contact Information

Student Full Name _____ Date _____

Student Email _____ Phone (____) _____

Alt. Email _____ Alt. Phone (____) _____

Internal Use Only

Emplid _____

Appeal Decision Approved Denied Reviewed By _____ Date _____

Comments _____

2018-2019 APPLICATION FEE WAIVER APPEAL

SIGNIFICANT CHANGE IN FINANCIAL CIRCUMSTANCES

If your financial situation, or that of your family's, has significantly changed from 2016, you may request to have your eligibility for an admission applicant fee waiver re-evaluated. To initiate the review process, please complete this form and attach a personal statement detailing the change in income and circumstances. In addition to the personal statement, please provide a copy of a recent pay stub if available, which includes year-to-date earnings. Include other documents as appropriate to support your request.

REASON FOR CHANGE: (Check all appropriate boxes)

Person(s) impacted by change (check all that apply): Student Spouse Parent(s)

- Loss/reduction of income Loss/reduction of Benefits (please specify) _____
- Separation/Divorce Death of Parent/Spouse
- Other (please specify) _____

Dates change(s) occurred _____

Projected total income & benefits expected to receive in calendar year 2017 \$ _____

If you are eligible for one of the following application fee waivers, please check the box below and attach the appropriate documentation.

- Alan Pattee California Veteran Dependents Dependent of Victims of September 11, 2001

CERTIFICATION

I certify that the information provided on this form and attached statement is true, complete, and accurate.

Student Name _____

Student Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Certification of United States Citizenship or Immigration Status

Last Name

First Name

MI

Campus

I. If you are not a U.S. citizen, please check one of the following:

- I am a U.S. permanent resident and have a Permanent Resident Card (I-551).
- I am a conditional permanent resident (I-151C).
- I am a non-citizen with an Arrival-Departure Record (I-94 or I-94A) from the United States Citizenship and Immigration Services (USCIS) showing one of the following designations:
(a) "Refugee," (b) "Asylum Granted," (c) "Parolee," or (d) "Cuban-Haitian Entrant."
- I hold a valid non-immigrant visa. Please state which visa you hold and its expiration date:
Visa _____ Expiration Date _____
- I am a citizen of the Freely Associated States (Federated States of Micronesia, the Marshall Islands, or Palau).
- I am a dependent of a non-citizen classified as NATO-1 through NATO-7.
- I am a non-citizen who has been paroled into the U.S. under Section 212(d)(5) of the Immigration and Nationality Act.
- I am a victim (or the dependent of a victim) of human trafficking with a Certification or Eligibility Letter to that effect.
- I am a non-citizen who has been battered or subjected to extreme cruelty in the United States by my spouse or my parent(s) or a member of my spouse or parent's family residing in the same household as me, and I have been approved or have a petition pending which sets forth a prima facie case of eligibility for an immigrant visa under certain provisions of the Immigration and Nationality Act.
- None of the above.

II. California Residency Exemption

Check all that apply:

- I have or will have graduated from a high school in California or have attained a High School Equivalency Certificate issued by the California State GED Office or a Certificate of Proficiency, resulting from the California High School Proficiency Exam.
- I have or will have attended high school in California for three or more years.
- OR**
- I have attained credits earned in California from a high school equivalent to three or more years of full-time high school course work and attended a combination of elementary, middle, and/or high schools in California for a total of three or more years.
- I am without legal immigration status and will fill out an affidavit stating that I have filed or will file an application to legalize my immigration status as soon as I am eligible to do so.

CERTIFICATION - To be read and signed by all individuals completing this form.

I certify under penalty of perjury under the laws of the state of California that the information provided by me on this form is true, complete, and accurate.

Signature

Date