



California State University San Marcos
Dependent Tuition/Fee Waiver Application

Instructions: Complete this application each semester, prior to registration. Please provide the following information and return to Human Resources and Equal Opportunity (HREO). Completed applications must be submitted to HREO no later than three (3) weeks prior to the first day of the semester.

Name of Employee: Title (e.g. ASA II)

Employee I.D. #: Campus Phone #: Dept.

Email: Classification: MPP Confidential Faculty or Bargaining Unit #:

[ ] I wish to transfer my Tuition/Fee Waiver eligibility, as provided in appropriate policy or collective bargaining agreement, to my spouse, domestic partner or dependent child\* as noted below.

\* 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) child or stepchild age 23 or above who is incapable of self-support due to a disability which existed prior to age 23 and has never been married.

Name of Dependent: Social Security #\*\*:

Relationship (Spouse/child): If dependent child, Date of Birth: Marital Status:

Campus of Enrollment: Semester/Year: Degree Program: BA MA Credential

\*\* Social Security number is required of those who wish to participate in the Dependent Tuition/Fee Waiver program. The number will be used as a common identifier for course enrollment and related purposes.

I certify that the individual noted above is my legal spouse, registered domestic partner or dependent child (as defined above).

Employee Signature: Date:

This section is completed by the local fee waiver coordinator and, when necessary, forwarded to the campus where the dependent will enroll.

The employee noted above is eligible to participate in the Tuition/Fee Waiver and Reduction Program and thus may transfer Tuition/Fee Waiver eligibility to a spouse, domestic partner or dependent child.

Tuition/Fee Waiver Coordinator Signature: Date:

Routing Dates: Admissions and Recruitment CSUSM Student Financial Services CSU

Date Received: Employee Copy: Admissions and Recruitment: HREO