



CSU Application Fee Reimbursement Request

Instructions: This form is to be used by eligible employees, spouses, domestic partners, or dependent children who are requesting reimbursement of the application fee under the provisions of the CSU Tuition Waiver Program. Fees are due when applying for admission through [Cal State Apply](#). Request for application fee reimbursement may be submitted to the Fee Waiver Coordinator after the admission application has been submitted.

Please direct questions regarding this form to the Fee Waiver Coordinator in the Office of Human Resources at (760) 750-4418. For more information about the CSU Tuition Waiver Program, please visit the OHR Benefits website at: https://www.csusm.edu/hr/benefits/fee_waiver/index.html

Employee Information

| | |
|-------------------------------|---------------------------|
| Employee Name: _____ | Employee ID Number: _____ |
| Department Name: _____ | Time Base: _____ |
| On-Campus Phone Number: _____ | Employee Category: _____ |
| Job Title: _____ | |

Fee Waiver Participant (Student) Information

| | |
|---|---------------------------------|
| Name of Fee Waiver Participant: _____ | Relationship to Employee: _____ |
| Date of Birth*: _____ <i>(*Dependent child only)</i> | Term/Year: _____ |
| | Campus Attending: _____ |
| Date Admission Application Submitted (Estimated): _____ | Cal State Apply ID: _____ |
| Payment Type Used for Fee Transaction: _____ | |

I understand that submission of this form does not guarantee a refund of the CSU Application Fee.

Employee Signature

Date

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|--|-------------|
| Office of Human Resources Use Only | |
| Tuition Fee Waiver Coordinator Signature: _____ Michelle Buth | Date: _____ |