California State University SAN MARCOS

DEPENDENT TUITION/FEE WAIVER TRANSFER APPLICATION
CALIFORNIA STATE UNIVERSITY SAN MARCOS

SECTION I – EMPLOYEE INFORMATION

Name:	Employee ID:	Job Title:
Department Name:	Email Address:	
Employing Campus: Select	Time Base: ☐ Full Time ☐ Part Time Employee Category: Confidential Status: ☐ Permanent ☐ Probationary ☐ Temporary (appointment expires: _____)	

SECTION II – DEPENDENT INFORMATION

Name:	Student ID:	Email Address:	Phone Number:
Date of Birth:	Mailing Address:		

Relationship to employee:

☐ Spouse

☐ Domestic partner (Declaration of Domestic Partnership is filed with the Secretary of State)

☐ Dependent Child ***(Please specify by checking one of the below choices):***

- ☐ Child or stepchild under age limit who has never been married
- ☐ Child living with employee in parent-child relationship who is economically dependent upon employee, under age limit who has never been married.
- ☐ Child or stepchild at age limit or above who is incapable of self-support due to a disability that existed prior to age limit.

NOTE: CSUEU, CFA, APC, SETC, Confidential, MPP & Executives age limit for child is 25; UAPD, SUPA & IUOE age limit is 23.

Has the $55 application fee been paid? ☐ Yes ☐ No

Student Status: ☐ New Student *or* ☐ Continuing Student

☐ Undergraduate ☐ Graduate ☐ Ed.D. ☐ Credential

California Resident? ☐ Yes ☐ No

Campus Attending: Select

Term: Winter Year: ____

PLEASE NOTE: Some courses taken through fee waiver may be subject to taxation.

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 informing the Human Resources office if any changes in the approved fee waiver classes occur.

_____ _____

Signature of Employee Date

OFFICE USE ONLY

EMPLOYEE'S EMPLOYMENT STATUS (*See appropriate Technical Letter for eligibility criteria*):

This employee is:

☐ Faculty ☐ Staff ☐ MPP ☐ Confidential

☐ Dependent is eligible for fee waiver benefits

☐ Dependent is not eligible to receive fee waiver benefits (Reason: _____)

Number of units eligible for fee waiver: ___ Undergraduate ___ Graduate (including Ed.D.) ___ Credential

Fee Waiver Coordinator Signature: _____ **Date**_____

CSU San Marcos Fee Waiver Coordinator: Michelle Buth **Phone Number**: 760/750-4438