

Instructions: Return completed form with required signatures to Human Resources (0046) or email staff-feewaiver@sjsu.edu.

EMPLOYEE INFORMATION

Name:	Job Title:	Semester:
Department/College & Zip:	Phone Extension:	Bargaining Unit:
MANDATORY: Employee ID Number (On back of Tower Card):		Email:

I want to transfer my Fee Waiver entitlement to my spouse or dependent child as provided in my Bargaining Unit Memorandum of Understanding/Contract or by Technical Letter from the Chancellor's Office.

I understand my spouse or dependent child must apply to a CSU and be accepted as a student through Enrollment Services before registering in Fee Waiver courses. I also understand this transfer prohibits my personal use of Fee Waiver benefits during the time my spouse or dependent child uses the benefits and that my spouse or dependent child **must meet all the conditions listed below to participate in the Fee Waiver program:**

- ☐ be accepted by the University into a degree program;
- ☐ be enrolled in course(s) that count for credit toward completion of designated degree;
- ☐ be in good academic standing (of 2.0 or better for undergraduates, GPA of 3.0 or better for graduates); and
- ☐ be enrolled in course(s) that is determined to have space available in the major (this determination will be made by Admissions or Graduate Studies offices).

My dependent is receiving Student Financial Aid ☐ **Yes** ☐ **No** If yes, my dependent will contact the Student Financial Aid and Scholarship Office at his/her campus, as the Dependent Fee Waiver may affect Financial Aid.

Name of Fee Waiver Recipient:	DOB:
Check all that apply: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Domestic Partner <input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student <input type="checkbox"/> Undergrad <input type="checkbox"/> Grad	
Recipient's Address:	
Recipient's Telephone Number:	Student ID # of Recipient (Mandatory):
Number of Units Dependent Plans to Take: <input type="checkbox"/> 1-6 <input type="checkbox"/> 6.1+	Campus of Enrollment:

FOR NEW STUDENTS ONLY

University Application Fee Paid by: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	Registration Date:
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I certify that the individual noted above is my legal spouse, domestic partner, or dependent child (as that term is defined below) and that he/she meets the conditions listed above.

Employee's Signature

Date

Note: Dependent Child is defined as (1) your child or stepchild under age 23 (25 for CSUEU) 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 (25 for CSUEU) and has never been married; or (3) your child or stepchild age 23 (25 for CSUEU) or above who is incapable of self-support due to a disability which existed prior to age 23 (25 for CSUEU).

***Domestic Partners must be registered with the State.**

HUMAN RESOURCES USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> PERM <input type="checkbox"/> TEMP POS	<input type="checkbox"/> TEMP (Position Start/End Dates):
Employee Status: <input type="checkbox"/> FT <input type="checkbox"/> Emailed to Bursar	<input type="checkbox"/> Bursar confirmed	<input type="checkbox"/> Admissions confirmed