



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 (707) 654-1146. For more information about the CSU Tuition Waiver Program, please visit the CSUM Benefits website at: <https://www.csum.edu/hr/benefits/tuition-waiver/index.html>

Employee Information

Employee Name _____	Employee ID _____	Department Name _____	
Job Title _____	Time Base _____	On-Campus Phone _____	Employee Category/Bargaining Unit _____

Waiver Participant (Student) Information

Fee Waiver Participant Name _____	Relationship to Employee _____			
Are you a dependent child? _____	Date of Birth _____	Term _____	Year _____	Cal State Apply ID _____
Campus Attending _____	Date of Submitted Application _____	Payment Type _____		

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

Employee Name _____ Signature _____ Date Signed _____

Tuition Fee Waiver Coordinator Name _____ Signature _____ Date Signed _____