CAL MARITIME

Fee Waiver Application - Dependent

EMPLOYEE INFORMATION (to be completed by employee for each term of enrollment)

Employee Name:	**Classification:**
Department:	**Current Position**
Contact Information: **Campus Address:** **Campus Phone:** **Fax:**	**Current Educational Level:** ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate
Time Base: ☐ Full-Time ☐ Part-Time Status: ☐ Permanent ☐ Probationary ☐ Temporary (appt, exp._____)	**Campus to attend:**

DEPENDENT INFORMATION

Name:	**SSN:***	**Email Address:**	**Phone:**
Birthdate:	**Mailing Address:**		

Relationship to employee:

☐ Spouse

☐ Registered Domestic Partner

☐ Dependent Child

- ☐ Child or stepchild under age 23 who has never been married
- ☐ Child living with employee in parent-child relationship who is economically dependent upon employee, under age 23 and who has never been married

Is the dependent applying for admission at this time: ☐ Yes ☐ No

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

Is the dependent receiving financial aid: ☐ Yes ☐ No

Student Status:

☐ New student or ☐ Continuing Student

☐ Undergraduate ☐ Graduate ☐ Credential

COURSES TO BE CONSIDERED FOR FEE WAIVER:

Term and Year	Course Number and Title	Course Level (Undergrad/Grad)	Units

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

The Social Security Number is required for those who wish to participate in the Dependent Fee Waiver program. The number will be used as a common identifier for course enrollment and related purposes. Authority for such use is contained in Title 5 of the *California Code of Regulations.

EMPLOYEE VERIFICATION AND SIGNATURE

I certify that the individual named above is my legal spouse, registered domestic partner, or dependent child and that the information provided above is true. I wish to transfer my fee waiver eligibility, as provided in the 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, domestic partner, or child is responsible for meeting all registration and payment deadlines and for informing the CSUM Human Resources office if any changes in the approved fee waiver classes occur.

_____ _____

Employee's Signature **Date**

HUMAN RESOURCES OFFICE USE

This employee is ☐ Faculty ☐ Staff FLSA Status: ☐ Exempt ☐ Non-Exempt

Eligible for Fee Waiver ☐ Yes ☐ No (Reason for not eligibile) _____

Number of units eligible for: _____ Undergrad units _____ Graduate Units Courses are ☐ Career Development or ☐ Work-related

Position #_____ **CBID** _____

Additional Fees (e.g., extra unit fee, late fees) Total _____ **Budget Code:** _____

CSUM Fee Waiver Coordinator: _____ **Date:** _____

Attending Campus Fee Waiver Coordinator:_____ **Date:**_____