



GRADUATE NON-RESIDENT  
FEE WAIVER NOMINATION FORM

Student Name: \_\_\_\_\_ CSUB ID #: \_\_\_\_\_

County/State of Origin: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Renewal?                      Yes                      No

Graduate Program: \_\_\_\_\_

Classified                                      Conditionally Classified

Continuing Student      If ET /P <</MCIDC 51 0 Td [(Y)-2 (es)-5 ( )]TJ -0.MCI6 (n)2 (: >>BDp2 0 0p2 0 0)Tj

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