CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
OFFICE OF HUMAN RESOURCES   Rev. 02/07

Certification of Fee Waiver for Eligible Dependent
Bargaining Units 1, 3, 4, 6, 8, and Non-Represented MPP and Confidential Employees

A. To be completed by the employee and returned to Human Resources

Name of Employee: CSUB ID:

Department: Extension:

I wish to transfer my fee waiver eligibility as provided in Coded Memorandum HR 2001-23 or the applicable Memorandum of Understanding, to my spouse, domestic partner or the dependent child noted below. I understand this transfer prohibits my personal use of fee waiver benefits during the period indicated. I further understand a certification must be completed for each academic term in which the benefit is to apply.

Name of Dependent: ID/SSN:

The social security account number is required of those who wish to participate in the CSU Dependent Fee Waiver program and do not have a unique campus identifier. 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.

Relationship: Spouse   Domestic Partner   Dependent Child (date of birth)

Dependent Child is defined as (1) your child or stepchild under age 23 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, and has never been married; (3) your child or stepchild age 23 or above who is incapable of self-support due to a disability which existed prior to age 23. **Domestic Partner** eligibility is based on registration through the Secretary of State designation process.

Enrollment for (select **one** only):   **Fall   Winter   Spring   Summer   Academic Year**

Fees may be waived for state-supported academic terms only. Extension, Intercession, Special and Summer Session, or any other self-supporting programs are excluded from a waiver of fees.

Campus of enrollment: CSU

          Currently Enrolled   Seeking Admission   Seeking Readmission

Degree/Credential Objective: Bachelor's Degree   Master's Degree   Teaching Credential

     Other:

Signature of Employee: Date:

B.   **Certification by**

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 Distribution: Original-Human Resources   Copy-Student Financial Services   Copy-Admissions   Copy-Employee
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