DEPENDENT FEE WAIVER APPLICATION

Human Resources & Equal Employment Opportunity

SECTION I – Employee Information		
Name:	Employee ID:	Classification Title:
Department:	Building#/Room:	Phone:

SECTION II: Dependent Information			
Name:	Student ID:	Email Address:	Phone Number:
Mailing Address:		Date of Birth: (dependent child only) / / (month/day/year)	

Relationship to employee:

☐ Spouse by Marriage

☐ Dependent Child (please specify by checking one of the below choices)

 ☐ child or stepchild under age **25** who has never been married

 ☐ child living with employee in parent-child relationship who is economically dependent upon employee, under age **25** who has never been married

 ☐ child or stepchild age **25** or above who is incapable of self-support due to a disability the existed prior to age 25

☐ Domestic partner (Declaration of Domestic Partnership is filed with the California Secretary of State)

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

Has the application been filed?
☐ Yes ☐ No

Is the dependent receiving financial aid?
☐ Yes   ☐ No

Student Status:

☐ New Student or ☐ Continuing Student

☐ Undergraduate ☐ Graduate ☐ Credential

Semester: ☐ Fall ☐ Spring ☐ Summer
Year: _____

California Resident? ☐ Yes ☐ No

Course Section	Course Name & #	Days & Times	# of Units	Total Tuition Cost:

SECTION III – EMPLOYEE VERIFICATION AND SIGNATURE

I CERTIFY that the individual named above is my legal spouse, dependent child, or registered domestic partner and that the information provided above is true. I understand this transfer prohibits my personal use of fee waiver benefits during the period indicated. Further, I understand that my spouse, dependent child or domestic partner is responsible for meeting all registration and payment deadlines and **that I am responsible for** informing the college if any changes in approved fee waiver classes occur.

I understand that courses taken through fee waiver may be subject to taxation and that all students must attach an unofficial transcript showing good academic standing to participate in this program.

_____   _____

Employee Signature   Date

OFFICE USE ONLY	HR Approval:	Date

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