

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
OFFICE OF HUMAN RESOURCES**

**Certification of Fee Waiver for Eligible Dependent
CSUEU-Represented (Bargaining Units 2,5,7,9) 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 the CSUEU 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: _____ SSN/ID _____

The social security account number is required of those who wish to participate in the CSU 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.

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 Human Resources, California State University, Bakersfield (661/654-2266)

The employee noted above is eligible to participate in the fee waiver program and is transferring eligibility to the dependent noted above for the period specified. The employee has not transferred his or her fee waiver eligibility to any other dependent for the period noted.

Waiver is approved for 2 courses or 6 units whichever is greater. Bargaining Unit: _____

Benefits Officer Date