



THE CALIFORNIA STATE UNIVERSITY

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Allison G. Jones

Assistant Vice Chancellor

Academic Affairs, Student Academic Support

Office of the Chancellor

Code: AA-2005-24

August 16, 2005

To: CSU Vice Presidents/Deans of Student Affairs
CSU Provosts/Vice Presidents, Academic Affairs

From: Allison G. Jones

Subject: **Admission Application Fee Waivers for 2006-2007**

The attached "Request to Waive Admission Application Fee" and income eligibility tables reflect updated criteria to determine eligibility for fee waivers for 2006-2007 pursuant to Section 41800.1(d)(5) of Title 5 of the California Code of Regulations that calls for the waiver of payment of the admission application fee for reason of undue hardship.

The income criteria used to determine eligibility for single independent applicants and independent applicants without dependent children represent the 2005 poverty guidelines established by the U.S. Department of Health and Human Services. For dependent applicants and independent applicants with dependent children, the criteria represent the approximate income at which no contribution would be expected from the parents or the independent student based on the federal need analysis methodology for student financial aid programs for 2006-2007.

The "Request" form has been modified to accommodate reporting by applicants or parents who are registered with the California Secretary of State as domestic partners. (See AA-2005-02, dated January 7, 2005, regarding implementation of the California Domestic Partner Rights and Responsibilities Act of 2003.)

Each campus is responsible for printing and distributing the "Request to Waive Admission Application Fee" forms. The form should be printed with the citizenship/immigration status certification on the reverse side. The income eligibility table should not be distributed to prospective applicants.

When an admission application is received without the required fee, the application should be retained by the admission office and a request for payment should be sent to the applicant along with the "Request to Waive Admission Application Fee" form. If the request for fee waiver is denied, the campus should notify the applicant that he or she has up to 30 days to pay the required fee for the admission

application to be processed. Applicants applying for admission through CSUMentor are provided an opportunity to apply electronically for a fee waiver with immediate analysis of their eligibility.

Campuses may, under exceptional circumstances, authorize approval of a request to waive the admission application fee based on additional information provided by the applicant or the parents if family financial circumstances have significantly changed from those which are required to be reported on the fee waiver request. The additional information and the basis for approval should be retained with the fee waiver request.

Questions about the fee waiver eligibility tables or application form may be directed to Ms. Mary L. Robinson, Associate Director, Academic Affairs, Student Academic Support, at (562) 951-4737, or mlrobinson@calstate.edu.

AGJ: MLR

Attachments (2)

cc: Dr. Keith Boyum
Mr. Richard P. West
CSU Presidents
CSU Vice Presidents, Administration
Deans/Directors, Admission and Records
Directors of Financial Aid

OFFICE USE ONLY

Approved
 Denied Date _____
By _____

Campus to which you are submitting this form:

2006-2007
Request to Waive
Admission Application Fee
The California State University

Please Print:

Applicant's Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip Code _____

Social Security Number _____

Telephone Number () _____

The \$55 admission application fee may be waived if you meet the eligibility standards based on the information provided on this form.

Section A

To Be Completed by All Applicants

Are you a California resident? Yes No
Are you a U.S. citizen? Yes No

If you are not a California resident, you are not eligible for a fee waiver.
If you are not a U.S. citizen, you must complete the reverse side of this form before your eligibility for a fee waiver can be determined.

Incomplete responses will delay processing and may be cause for denial of this request.

Section B

To All Applicants

If you satisfy one of the following conditions, complete Sections C and E and skip Section D.

- You were born before January 1, 1983.
- You are a veteran of the U.S. Armed Forces.
- You are an orphan or ward of the court or were until age 18.
- You are married or registered with the California Secretary of State as a domestic partner.
- You have dependents other than a spouse.
- You will be enrolled in a graduate degree program.

If you do not satisfy any of the above conditions, complete Sections D and E.

Section C

Financial Information from Applicant*

Total size of your household in 2006-2007 _____
(include yourself, your spouse if you are married, your registered domestic partner and any other legal dependents—including children—who are living with you)

Number of dependent children living with you _____

Applicant's (and, if married, spouse's) total 2005 income from all sources other than financial aid _____
(include earnings from work and benefits such as TANF, veterans benefits, etc.)

* If you are registered with the California Secretary of State as a domestic partner, your household size must include your partner and your combined legal dependents, and the partner's income must be included along with your income. If your custodial parent is registered with the California Secretary of State as a domestic partner, the parent's household must include the partner and the combined dependents, and the partner's income must be included along with your parent's income.

Section D

Financial Information from Applicant's Parents**

If all answers in Section B are "No," applicant's parents must complete this section and sign the Certification in Section E.

Total size of parents' household in 2006-2007 _____
(include applicant, parent's registered domestic partner, other dependent children, and other dependents)

a. Parents' Adjusted Gross Income (AGI) for 2005 \$ _____
b. Parents' untaxed income and benefits for 2005 \$ _____
Total (a + b) \$ _____

**If you are registered with the California Secretary of State as a domestic partner, your household size must include your partner and your combined legal dependents, and the partner's income must be included along with your income. If your custodial parent is registered with the California Secretary of State as a domestic partner, the parent's household must include the partner and the combined dependents, and the partner's income must be included along with your parent's income.

Additional information in support of my request for waiver of the \$55 application fee: _____

Section E

Certification

I (we) certify under penalty of perjury under the laws of the State of California that all information reported on this form is true, complete, and accurate.

Applicant's Signature _____ Date _____

Father's Signature _____ Date _____

Father's Name (please print) _____

Mother's Signature _____ Date _____

Mother's Name (please print) _____

If you completed the information in Section D, at least one of your parents must also sign this form. When you have completed and signed this "Request," send it to the Office of Admissions at the campus to which you are applying.

Certification of United States Citizenship or Immigration Status

Last Name

First Name

MI

Campus

I am a U.S. citizen. Yes No

If you are not a U.S. citizen, please check one of the following:

- I am a U.S. permanent resident and have a Permanent Resident Card (I-551).
- I am a conditional permanent resident (I-151C).
- I am a noncitizen with an Arrival-Departure Record (I-94) from the United States Citizenship and Immigration Services (USCIS) showing one of the following designations: (a) "Refugee," (b) "Asylum Granted," (c) "Parolee," or (d) "Cuban-Haitian Entrant."
- I hold a valid nonimmigrant visa. Please state which visa you hold and its expiration date:
 Visa _____ Expiration Date _____
- I am a citizen of the Freely Associated States (Federated States of Micronesia, the Marshall Islands, or Palau).
- I am a dependent of a noncitizen classified as NATO-1 through NATO-7.
- I am a noncitizen who has been paroled into the U.S. under Section 212(d)(5) of the Immigration and Nationality Act.
- I am a noncitizen who has been battered or subjected to extreme cruelty in the United States by my spouse or my parent(s) or a member of my spouse or parent's family residing in the same household as me, and I have been approved or have a petition pending which sets forth a prima facie case of eligibility for an immigrant visa under certain provisions of the Immigration and Nationality Act.
- None of the above.

CERTIFICATION—To be read and signed by all individuals completing this form.

I certify under penalty of perjury under the laws of the State of California that the information provided by me on this form is true, complete, and accurate.

Signed at: _____

City and County

Signature

Date