

# 2015-2016 Request to Waive Undergraduate Admission Application Fee

**CSU campus to which you are submitting this form:** \_\_\_\_\_  
 (Please **DO NOT** send this form to the Chancellor's Office.)

<b>CSU Office Use Only</b>	
<input type="radio"/> Approved	
<input type="radio"/> Denied	Date: _____
By _____	

**Please Print:**

Applicant's Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Social Security Number**

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Phone Number (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

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, unless you meet the criteria in Section II on the reverse side of this form.

If you are not a U.S. citizen, you must complete Sections I and II on the reverse side of this form.

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, 1992.
- You are currently an active duty member or a veteran of the U.S. Armed Forces.
- You are an orphan or ward of the court or emancipated or in foster care.
- You are married or registered with the California Secretary of State as a domestic partner.
- You have dependents other than a spouse.

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 2015-2016 (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 2014 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 2015-2016 (include applicant, parent's registered domestic partner, other dependent children, and other dependents) \_\_\_\_\_

a. Parents' Adjusted Gross Income (AGI) for 2014 \$ \_\_\_\_\_  
 b. Parents' untaxed income and benefits for 2014 \$ \_\_\_\_\_  
 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 \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Name (please print) \_\_\_\_\_

Mother's Name (please print) \_\_\_\_\_

If you have completed the information in Section D, at least one of your parents must also sign this form.

When you have completed and signed this "Fee Waiver Request Form," send it to the Office of Admission at the CSU campus to which you are applying for admission.

## Certification of United States Citizenship or Immigration Status

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*MI*

\_\_\_\_\_  
*Campus*

**I. 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 or I-94A) 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 victim (or the dependent of a victim) of human trafficking with a Certification or Eligibility Letter to that effect.
- 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.

**II. California Residency Exemption**

Check all that apply:

- I have or will have attended high school in California for three or more years.
- I have or will have graduated from a California high school or have attained a High School Equivalency Certificate issued by the California State GED Office or a Certificate of Proficiency, resulting from the California High School Proficiency.
- I am without legal immigration status and will fill out an affidavit stating that I have filed or will file an application to legalize my immigration status as soon as I am eligible to do so.

**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.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*