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

From: Allison G. Jones

Subject: Admission Application Fee Waiver Form and Eligibility Tables for 2003-2004

Executive Order 494 provides, pursuant to Section 41800.1(d)(5) of Title 5 of the California Code of Regulations, for the waiver of payment of the admission application fee for reason of undue hardship. The attached “Request to Waive Admission Application Fee” and income eligibility tables reflect updated criteria to determine eligibility for fee waivers for 2003-2004.

The income criteria used to determine eligibility for single independent applicants and independent applicants without dependent children represent the 2002 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 2003-2004.

The income eligibility table for dependent students and for independent students with children reflects the impact of the revised tax rates incorporated in the Economic Growth and Tax Relief Reconciliation Act of 2001 (P.L. 107-16). The reduction in federal income tax liability for families will mean a higher disposable income and a higher available income which is used to determine the amount of the expected family contribution for financial aid purposes.

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.
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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 e-mail mlrobinson@calstate.edu.

AGJ:MLR

Attachments

cc: Presidents
    Dean/Directors, Admission and Records
    Directors of Financial Aid
2003-2004
Request to Waive Admission Application Fee

The California State University

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, 1980
You are a veteran of the U.S. Armed Forces
You are an orphan or ward of the court
You are married
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 2003-2004
(include yourself, your spouse if you are married, 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 2002 income from all sources other than financial aid
(Include earnings from work and benefits such as TANF, veterans' benefits, etc.)

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 2003-2004
(include applicant, parents, other dependent children, and other dependents)

a. Parents' Adjusted Gross Income (AGI) for 2002 $ __________

b. Parents' untaxed income and benefits for 2002 $ __________
   Total (a + b) $ __________

Section E
Certification

I (we) certify that all information reported on this application is true, complete, and accurate to the best of my (our) knowledge.

Applicant's Signature ___________________________ Date __________

Father's Signature ___________________________ Date __________

Mother's Signature ___________________________ Date __________

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 an Alien Registration Receipt Card (I-151 or I-551).

○ I am a conditional permanent resident (I-151C).

○ I am a noncitizen with an Arrival-Departure Record (I-94) from the U.S. Immigration and Naturalization Service showing one of the following designations: (a) "Refugee," (b) "Asylum Granted," (c) "Indefinite Parole," and/or "Humanitarian Parole," 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 that the information provided by me on this form is true, complete and accurate.

Signed at: ____________________  City and County  Signature  Date ________________
Review all responses in Section C and D on the “Request to Waive Admission Application Fee” form. If Section C was completed and Section D was not, follow the instructions for determining the eligibility of self-supporting applicants using Table 1. If the Section D was completed, follow the instructions for determining the eligibility of dependent applicants using Table 2.

**Independent Applicants**

Compare the applicant’s household size in Section C with the number of dependent children listed in Section C. If the applicant indicated that his/her household includes dependent children or that the total size of his/her household is greater than 2, use Table 2 to determine eligibility for a fee waiver. Compare the applicant’s income reported in Section C on the form with the income on Table 1 that corresponds to the size of household. If the applicant’s income does not exceed the table amount, a fee waiver should be approved.

**TABLE 1**

<table>
<thead>
<tr>
<th>Independent Student Status</th>
<th>Size of Applicant’s Household</th>
<th>Total Income of Applicant (and Spouse) Taxable and Untaxed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household of 1</td>
<td>1</td>
<td>$ 8,860</td>
</tr>
<tr>
<td>Household of 2, No dependent children</td>
<td>2</td>
<td>11,940</td>
</tr>
</tbody>
</table>

For independent students with dependent children or household sizes in excess of 2, use the income for the appropriate family size from Table 2 for dependent applicants.

**Dependent Applicants**

Locate the size of the household line on Table 2 that corresponds to the response in Section D (or Section C) on the fee waiver request form. Compare the parents’ total income reported in Section D (or the applicant’s income in Section C) on the form with the income on Table 2 that corresponds to the size of household. If the parents’ income (or the applicant’s income) does not exceed the table amount, a fee waiver should be approved.

**TABLE 2**

<table>
<thead>
<tr>
<th>Size of Parents’ Household</th>
<th>Total Income of Parent(s) Taxable and Untaxed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$19,650</td>
</tr>
<tr>
<td>3</td>
<td>24,300</td>
</tr>
<tr>
<td>4</td>
<td>29,150</td>
</tr>
<tr>
<td>5</td>
<td>33,700</td>
</tr>
<tr>
<td>6</td>
<td>38,850</td>
</tr>
<tr>
<td>7</td>
<td>42,800</td>
</tr>
<tr>
<td>8</td>
<td>46,750</td>
</tr>
</tbody>
</table>

Add $3,950 for each additional family member when there are more than eight in the household.