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 2004-2005

The attached “Request to Waive Admission Application Fee” and income eligibility tables reflect updated criteria to determine eligibility for fee waivers for 2004-2005 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 2003 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 2004-2005.

The income eligibility table incorporates recent changes to the federal need analysis methodology tables related to state and local taxes and to federal income taxes. These recent changes result in reduced allowances for tax liability of families that result in higher disposable income and a higher available income 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 mrobinson@caastate.edu.

AGJ:MLR

Attachments

cc: Dr. David S. Spence
    Mr. Richard P. West
    Dr. Gary Hammersrom
    Mr. J. Leon Washington
    Presidents
    Deans/Directors, Admission and Records
    Directors of Financial Aid
The SSS 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 reply yes to any of the following conditions, complete Sections C and D and skip Section D.

You were born before January 1, 1981
You are a veteran of the U.S. Armed Forces
You are an officer in favor of the court or were until age 18
You are married
You have dependents other than a spouse
You were enrolled in a prior degree program
If you do not satisfy any of the above conditions, complete Section D.

Section C

Financial Information from Applicant

Total size of your household in 2004-2005

Number of dependent children living with you

Aplicant’s (and, if married, spouse’s) total 2003 income from all sources other than financial aid (include earnings from work and benefits such as TAFY, welfare benefits, etc.)

Section D

Financial Information from Applicant’s Parents

If applicant’s (and, if married, spouse’s) income is $5,000 or less, complete this section and sign the Certification in Section E.

Total size of parents’ household in 2004-2005

Income from all sources other than financial aid (include applicants, parents, other dependents, and children, and other dependents)

a. Parents’ Adjusted Gross Income (AGI) for 2003

b. Parents’ untaxed income and benefits for 2003

Total (a + b)

Additional information in support of my request for waiver of the SSS application fee:

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

Father’s Name (please print)

Mother’s Name (please print)

If you completed the information in Section D, at least one of your dependents 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: ______________________ Cell: ______________________

I am a U.S. citizen.  O Yes  O No

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

O I am a U.S. permanent resident and have an Alien Registration Receipt Card (I-751 or I-551).

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

O 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."

O I hold a valid nonimmigrant visa. Please state which visa you hold and its expiration date:

Visa: ______________________  Expiration Date: ______________________

O I am a citizen of the Freely Associated States (Federated States of Micronesia, the Marshall Islands, or Palau).

O I am a dependent of a noncitizen classified as NATO-1 through NATO-7.

O I am a noncitizen who has been paroled into the U.S. under Section 212(d)(5) of the Immigration and Nationality Act.

O 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.

O 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: ______________________