

2009-2010 Request to Waive Admission Application Fee

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

Campus to which you are submitting this form:

Please Print:		
Applicant's Name _____		
(Last)	(First)	(Middle)
Address _____		
City _____	State _____	Zip Code _____

Social Security Number

<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<ul style="list-style-type: none"> You were born before January 1, 1986. 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 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 2009-2010 (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 2008 income from all sources other than financial aid (include earnings from work and benefits such as TANF, veterans benefits, etc.) \$ _____
<small>* 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.</small>

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 2009-2010 (include applicant, parent's registered domestic partner, other dependent children, and other dependents) _____	
a. Parents' Adjusted Gross Income (AGI) for 2008	\$ _____
b. Parents' untaxed income and benefits for 2008	\$ _____
Total (a + b)	\$ _____
<small>**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.</small>	

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 _____	Mother's Signature _____
Date _____	Date _____
Father's Name (please print) _____	Mother's Name (please print) _____
<small>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.</small>	

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 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.

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