



# California State University \$55 Application Fee Employee & Dependent Reimbursement Request

Date received by Bursar's Office  
 Proof of payment attached

## Employee Information

Employee Name: \_\_\_\_\_

SF State ID: \_\_\_\_\_

Department/College: \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Employment time base:

Status:

Phone #: \_\_\_\_\_  Full time

Permanent  Probationary

Email: \_\_\_\_\_  Part time

Temporary; if checked:  
Appointment Expiration Date \_\_\_\_\_

CSU Application Fee reimbursement is for  Myself  Dependent

FERP

## Dependent Information (if applicable)

Name of Dependent: \_\_\_\_\_

Campus ID: \_\_\_\_\_

Relationship:

Date of Birth: \_\_\_\_\_

Spouse  Domestic Partner\*  Dependent Child\*\*

(Dependent Child only)

## Course Information

Campus of Enrollment:

Coursework

Resident Status for Tuition Purposes:

SFSU or  
 Other CSU campus: \_\_\_\_\_

Undergraduate  
 Graduate  
 Doctorate  
 Credential

Resident (In-State of CA)  
 Non-resident (Out-of-State of CA)

Academic Year: \_\_\_\_\_

Term:  Fall  Spring

## Fee Information

By checking this box, I am confirming enrollment at SFSU for an eligible dependent or myself.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## To Be Completed By Fee Waiver Coordinator – Approval/Denial of Reimbursement

This reimbursement request is approved because the staff member or depended meets the requirements

This reimbursement request is denied the following reasons: \_\_\_\_\_

\_\_\_\_\_  
Fee Waiver Coordinator Signature

\_\_\_\_\_  
Date

\*Domestic Partner is a partnership registered through the Secretary of State.

\*\*Dependent child is defined as (1) your child or stepchild under age 23 who has never been married; (2) a child living with you in a parent-child relationship who is economically dependent upon you, under age 23 and has never been married; (3) your child or stepchild age 23 or above who is incapable of self-support due to a disability which existed prior to age 23. For CSUEU employees (Units 2, 5, 7, & 9), Units 3, 4, M80, M98 and C99 a dependent is defined as under the age of 25.

Email form to [benefits@sfsu.edu](mailto:benefits@sfsu.edu), fax to (415) 338-0521 or mail to 1600 Holloway Ave., ADM 252 SF, CA 94132  
Reimbursements are processed after University Census each term – for Census dates, visit the Bursar's Office website at [bursar.sfsu.edu](http://bursar.sfsu.edu). To check on the status of your request, call (415) 405.4004.

### Please note:

- A separate Fee Waiver Form for Registration & Miscellaneous Fees must be submitted each semester employees or dependents are taking courses. See the [SF State Fee Waiver](#) page for submission deadlines.
- Only one application fee per academic year for any university in the CSU system is eligible for reimbursement.