



SECTION 1 – EMPLOYEE INFORMATION

REQUIRED*

Last Name	First Name	SF State ID #	Campus Phone #	SF State Email Address
Classification	Bargaining Unit	College or Department	Dept.#	

I wish to transfer my fee waiver eligibility, as provided in the contract, to my spouse, registered domestic partner or dependent child noted below. I understand the transfer prohibits my personal use of fee waiver benefits during the semester of enrollment indicated.

SECTION 2: DEPENDENT INFORMATION

REQUIRED*

Name of Spouse/Domestic Partner or Dependent Child	Relationship to Eligible Employee	SF State ID#		
Street Address	City	State	Zip Code	Phone Number
Campus of Enrollment	Degree Program	Semester	Year	
Email Address	Child's Age	Child's Date of Birth	Marital Status	

Check this box if the dependent is 25 years or older, and incapable of self-support due to disability.

SECTION 3: STUDENT STATUS

REQUIRED*

Select one choice from columns A – B & C

A.	B.	C.
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> New Student	Number of Classes _____
<input type="checkbox"/> Graduate	<input type="checkbox"/> Continuing Student	Number of Enrolling Units _____

SECTION 4: PLEASE INDICATE THE APPROPRIATE DEPENDENT FINANCIAL INFORMATION

- My dependent is requesting reimbursement for SF University application fee previously paid.
- My dependent is requesting reimbursement for tuition fees previously paid.
- My dependent is receiving financial aid for the semester indicated in this form.

SECTION 5: PLEASE SIGN AND DATE APPLICATION

REQUIRED*

I certify that the above information is true to the best of my knowledge and that the individual mentioned above is my spouse, registered domestic partner or dependent child.

Signature of Eligible Employee

Date

SECTION 6: HUMAN RESOURCES APPROVAL

SL: _____ SS: _____ Registration Date and Time _____ Eligibility Approved Yes No

Status: Regular Probationary Temporary (Exp. _____) Time Base: Full Time Part Time Reviewed By: _____ Date: _____
Comments: _____

Approved by President's Designee

Telephone

Date

***IF FILING DEAD LINE IS NOT MET OR FORM HAS INCOMPLETE INFORMATION APPLICATION WILL BE DENIED.**