



**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 _____
<input type="checkbox"/> Doctorate		
<input type="checkbox"/> Credential		

**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.

Notes: Effective with the 2019 tax year, all graduate/doctorate level courses taken by employees or their dependents, which exceed the \$5,250 threshold will be taxable and withheld from the employee's pay warrant. Graduate courses deemed job related, pursuant to Internal Revenue Code Section 132(d), will no longer be excludable from W-2 wages. Employees may consult a personal tax advisor to determine if courses taken are job related and include the deduction on their personal tax return. All undergraduate level courses taken by an employee's domestic partner through the CSU Fee Waiver program are also taxable.

**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.**