

CAL STATE EAST BAY
Dependent Tuition Fee Waiver Application

This application is to be completed by the employee and returned to the Tuition Fee Waiver Coordinator in the Office of Human Resources.

Employee _____ PS ID: _____

Department _____ Work Phone # _____

Department ID _____ (Required) Bargaining Unit _____

E-Mail Address _____ *Bargaining Unit # _____

* FERP (Unit 3) employees are considered tenured faculty and are eligible for fee waiver only during the quarters when they are actively employed.
____ I have a FERP appointment for the requested term (please check if applicable).

I wish to transfer my tuition fee waiver eligibility, as provided in the appropriate policy or collective bargaining agreement, to my spouse, dependent child or domestic partner.

Dependent's Name _____ Student/Net ID # _____

Home Address : _____

Street Address

nformation on reverse side of form.

Term _____ Year _____ Campus of Attendance _____ Due Date: _____

Student Status: New or Contit

Eligibility Requirements