



**Instructions:** This form is to be used by eligible employees, spouses, domestic partners, or dependent children who are requesting reimbursement of the \$55 Application Fee under the provisions of the CSU Tuition Waiver Program. Fees are due when applying for admission through [Cal State Apply](#). Return this completed form to the Payroll and Benefits Office after the admission application has been submitted. Once eligibility for the fee waiver is approved by the campus, final approval and processing of the reimbursement will occur at the Chancellor's Office and may take up to six (6) months. A maximum of one (1) application fee per degree can be waived.

Please direct questions regarding this form to the Payroll and Benefits Office at (707) 664-2793 or fax to (707) 664-2024. For more information about the CSU Tuition Waiver Program, please visit the Payroll and Benefits website at: [http://web.sonoma.edu/hr/payroll/benefits/tuitionwaiver\\_faq.html](http://web.sonoma.edu/hr/payroll/benefits/tuitionwaiver_faq.html).

**Employee Information**

Employee Name:	Employee ID Number:
Department Name:	Time Base:
On-Campus Phone Number:	Bargaining Unit:
Job Title:	

**Fee Waiver Participant (Student) Information**

Name of Fee Waiver Participant:	Relationship to Employee:	
Date of Birth: (Dependent child only)	Term/Year:	Campus Attending:
Date Admission Application Submitted (Estimated):	CAS ID:	
Type of Coursework Fee Waiver Participant Will Enroll in:	Work Related	Career Development
Payment Type Used for Fee Transaction*:		
<small>*If Transaction Type is Credit Card, enter Card Type and last 4 digits of Card Number (required for refund processing)</small>		
Card Type: _____	Lasts 4 digits of Credit Card Number: _____	
Billing Address (Street, City, State, Zip):		

*I understand that submission of this form does not guarantee a refund of the CSU Application Fee.*

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

\_\_\_\_\_  
Date

<b>Payroll and Benefits Use Only</b>			
Eligibility Criteria:	Permanent	Temporary	Appt. Eff. Date: _____
Approved	Denied	Reason for Denial: _____	
Tuition Waiver Coordinator Signature: _____			Date: _____