MEMORANDUM

Date: August 1, 2014

To: CSU Provosts and Vice Presidents for Academic Affairs
    CSU Vice Presidents for Student Affairs

From: Eric G. Forbes
      Assistant Vice Chancellor

Subject: Undergraduate Admission Application Fee Waiver for 2015-2016

The attached Request to Waive Undergraduate Admission Application Fee form and income eligibility tables reflect updated criteria to determine eligibility for undergraduate student fee waivers for 2015-2016 pursuant to Section 41800.1(d)(5) of Title 5 of the California Code of Regulations that calls for the waiver of payment of the admission application fee for reason of undue hardship.

The income criteria used to determine eligibility for single independent applicants and independent applicants without dependent children represent 125 percent of the 2014 poverty guidelines established by the U.S. Department of Health and Human Services. For dependent applicants and independent applicants with dependent children, the criteria represent the approximate income at which no contribution would be expected from the parents or the independent student based on the federal need analysis methodology for student financial aid programs for 2015-2016.

Applicants applying for admission through CSUMentor are provided an opportunity to apply for an application fee waiver. Because CSU Mentor provides an immediate and preliminary analysis of eligibility for an application fee waiver, the use of fee waiver form will be limited. If an admission application is received without the required fee, the application should be retained by the admission office and a request for payment should be sent to the applicant along with the Request to Waive Undergraduate Admission Application Fee form. If the request for fee waiver is denied, the campus should notify the applicant that he or she has up to 30 days to pay the required fee for the admission application to be processed.

Each campus is responsible for printing and distributing the Request to Waive Undergraduate Admission Application Fee forms needed. The form should be printed with the citizenship or immigration status certification on the reverse side. The income eligibility table should not be distributed to prospective applicants.

CSU Campuses
Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles • Maritime Academy • Monterey Bay
Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San José • San Luis Obispo • San Marcos • Sonoma • Stanislaus
Campuses may, under exceptional circumstances, authorize approval of a request to waive the admission application fee based on additional information provided by the applicant or the parents if family financial circumstances have significantly changed from those which are required to be reported on the fee waiver request. The additional information and the basis for approval should be retained with the fee waiver request.

Questions about the fee waiver eligibility tables or application form may be directed to Mr. Dean Kulju, Director, Financial Aid, at (562) 951-4737, or dkulju@calstate.edu.

c: Dr. Timothy P. White, Chancellor
    CSU Presidents
    Dr. Ephraim P. Smith, Executive Vice Chancellor and Chief Academic Officer
    Mr. Steve Relyea, Executive Vice Chancellor and Chief Financial Officer
    Dr. Ron Vogel, Associate Vice Chancellor, Academic Affairs
    Mr. Nathan Evans, Director of Enrollment Management Services
    Mr. Dean Kulju, Director of Financial Aid
    CSU Vice Presidents, Administration
    Directors of Admissions and Records
    Directors of Financial Aid
2015-2016 Request to Waive
Undergraduate Admission Application Fee

CSU campus to which you are submitting this form:
(Please DO NOT send this form to the Chancellor’s Office.)

Section A
To Be Completed by All Applicants

Are you a California resident?  □ Yes  □ No
Are you a U.S. citizen?  □ Yes  □ No

If you are not a California resident, you are not eligible for a fee waiver, unless you meet the criteria in Section II on the reverse side of this form.
If you are not a U.S. citizen, you must complete Sections I and II on the reverse side of this form.
Incomplete responses will delay processing and may be cause for denial of this request.

Section B
To All Applicants
If you satisfy one of the following conditions, complete Sections C and E and skip Section D.
• You were born before January 1, 1992.
• You are currently an active duty member or a veteran of the U.S. Armed Forces.
• You are an orphan or ward of the court or emancipated or in foster care.
• You are married or registered with the California Secretary of State as a domestic partner.
• You have dependents other than a spouse.
If you do not satisfy any of the above conditions, complete Sections D and E.

Section C
Financial Information from Applicant*

Total size of your household in 2015-2016
(include yourself, your spouse if you are married, your registered domestic partner and any other legal dependents—including children—who are living with you)

Number of dependent children living with you

Applicant's (and, if married, spouse's) total 2014 income from all sources other than financial aid (include earnings from work and benefits such as TANF, veterans benefits, etc.) $ __________

* If you are registered with the California Secretary of State as a domestic partner, your household size must include your partner and your combined legal dependents, and the partner's income must be included along with your income. If your custodial parent is registered with the California Secretary of State as a domestic partner, the parent's household must include the partner and the combined dependents, and the partner's income must be included along with your parent's income.

Section D
Financial Information from Applicant's Parents**

If all answers in Section B are "No," applicant's parents must complete this section and sign the Certification in Section E.

Total size of parents' household in 2015-2016
(include applicant, parent's registered domestic partner, other dependent children, and other dependents)

Number of dependent children living with you

Applicant's (and, if married, spouse's) total 2014 income from all sources other than financial aid (include earnings from work and benefits such as TANF, veterans benefits, etc.) $ __________

a. Parents' Adjusted Gross Income (AGI) for 2014 $ __________
b. Parents' untaxed income and benefits for 2014 $ __________
Total (a + b) $ __________

** If you are registered with the California Secretary of State as a domestic partner, your household size must include your partner and your combined legal dependents, and the partner's income must be included along with your income. If your custodial parent is registered with the California Secretary of State as a domestic partner, the parent's household must include the partner and the combined dependents, and the partner's income must be included along with your parent's income.

Section E
Certification

I (we) certify under penalty of perjury under the laws of the State of California that all information reported on this form is true, complete, and accurate.

Applicant's Signature __________________________ Date __________

Father's Signature __________________________ Date __________

Mother's Signature __________________________ Date __________

If you have completed the information in Section D, at least one of your parents must also sign this form.

When you have completed and signed this "Fee Waiver Request Form," send it to the Office of Admission at the CSU campus to which you are applying for admission.
# Certification of United States Citizenship or Immigration Status

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Campus</th>
</tr>
</thead>
</table>

I. If you are not a U.S. citizen, please check one of the following:

- [ ] I am a U.S. permanent resident and have a Permanent Resident Card (I-551).
- [ ] I am a conditional permanent resident (I-151C).
- [ ] I am a noncitizen with an Arrival-Departure Record (I-94 or I-94A) from the United States Citizenship and Immigration Services (USCIS) showing one of the following designations: (a) "Refugee," (b) "Asylum Granted," (c) "Parolee," or (d) "Cuban-Haitian Entrant."
- [ ] I hold a valid nonimmigrant visa. Please state which visa you hold and its expiration date:
  - Visa ____________________ Expiration Date ____________
- [ ] I am a citizen of the Freely Associated States (Federated States of Micronesia, the Marshall Islands, or Palau).
- [ ] I am a dependent of a noncitizen classified as NATO-1 through NATO-7.
- [ ] I am a noncitizen who has been paroled into the U.S. under Section 212(d)(5) of the Immigration and Nationality Act.
- [ ] I am a victim (or the dependent of a victim) of human trafficking with a Certification or Eligibility Letter to that effect.
- [ ] I am a noncitizen who has been battered or subjected to extreme cruelty in the United States by my spouse or my parent(s) or a member of my spouse or parent's family residing in the same household as me, and I have been approved or have a petition pending which sets forth a prima facie case of eligibility for an immigrant visa under certain provisions of the Immigration and Nationality Act.
- [ ] None of the above.

II. California Residency Exemption

Check all that apply:

- [ ] I have or will have attended high school in California for three or more years.
- [ ] I have or will have graduated from a California high school or have attained a High School Equivalency Certificate issued by the California State GED Office or a Certificate of Proficiency, resulting from the California High School Proficiency.
- [ ] I am without legal immigration status and will fill out an affidavit stating that I have filed or will file an application to legalize my immigration status as soon as I am eligible to do so.

**CERTIFICATION**—To be read and signed by all individuals completing this form.

I certify under penalty of perjury under the laws of the state of California that the information provided by me on this form is true, complete, and accurate.

_________________________  ____________________________
Signature                      Date