

Request for Fee Waiver for California Residents Sixty Years of Age or Older

Office of the Registrar for Planning, Enrollment Management, and Student Affairs

Students interested in applying for the Over 60 Fee Waiver must print, complete and submit this form prior to the first day of the quarter in which they plan on using the fee waiver.

In order to be eligible for the Over 60 Fee Waiver, students must be:

1. Admitted as a regularly matriculated undergraduate or graduate student. (Please note: current fee policy does not grant a waiver of the Education Doctorate state university fee, Open University fees or fees for courses offered through self-support programs such as Continuing Education.)
2. Classified as a California resident by the Office of Admissions
3. 60 years of age or older prior to the first day of the quarter in which they are seeking the Over 60 Fee Waiver
4. Willing to register no earlier than the first day of classes.

Please keep in mind that students who register for classes prior to the first day of the quarter will not be eligible to take advantage of the Over 60 Fee Waiver. Additionally, financial aid recipients must notify their financial aid counselor that they are a participant in the Over 60 Fee Waiver program.

PLEASE PRINT:

Net ID _____

Name _____
(Last) (First) (Middle Initial)

E-mail _____

Term Admitted: __Winter __Spring __Summer __Fall 2____ year

My signature below certifies that I request a waiver of the State University Fee and the Instructional Related Activities Fee and a partial waiver of the other registration fees to be assessed as long as I am a continuing student at California State University, East Bay.

If I qualify for the Over 60 Fee Waiver, I understand that upon payment of \$4.00 to the Cashiers Office (First Floor, Student Services & Administration Building on the Hayward Campus), I will be eligible to register **no earlier than the first day of classes.**

I understand that if I wish to register prior to the start of the term, I must send an e-mail to reg@csueastbay.edu before registration begins. I will then be assessed regular University fees.

Student Signature (**REQUIRED**) –

_____ Date _____

Mail to: California State University, East Bay, 25800 Carlos Bee Blvd., Hayward CA. 94542
Or Fax: (510) 885-3816

Office of the Registrar: Approved Not Approved _____

Coded By: _____ Date: _____