

California State University, Chico
Graduate School
Chico, CA 95929-0875

Request for Temporary Waiver of Graduate Application Fee – to be attached to Graduate Application

Student's Name _____

Chico State ID Number _____

Benefited Employee's Name _____

Chico State ID Number _____

State Employee Foundation Employee

I intend to request participation in the

Career Development Staff Dependent

Job Related Faculty Dependent

component of the Fee Waiver Program for the _____ semester/
_____ Year. Pending approval for this benefit program, I request that my graduate application be processed. I am aware of the deadlines imposed by the Fee Waiver Program for the semester mentioned above and will comply. I understand that if I am denied participation in the Fee Waiver Program, I will be responsible for paying the \$55 graduate application fee myself.

Applicant Signature

Date