

**Graduate Application Fee Waiver
For CSUC Faculty, Staff & Dependents**

Office of Graduate Studies
California State University, Chico
Chico, CA 95929-0875

Complete this form to request a temporary waiver of the graduate admission application fee. Submit it directly to the Office of Graduate Studies.

Student's Name: _____

Chico State ID Number: _____

Benefitted Employee's Name: _____

Benefitted Employee's ID Number: _____

State Employee

Foundation Employee

I intend to request participation in the following fee waiver program:

Career Development

Staff Dependent

Job-Related

Faculty Dependent

Career Advancement

I plan to apply for the:

Fall Semester **or** Spring Semester for Academic 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 graduate application fee.

Applicant Signature

Date