



Application Fee Waiver Request Form
OVER 60 PROGRAM

(Please Print Clearly)

NAME: Last First Middle Initial

ADDRESS:

CITY: STATE: ZIP:

PHONE NUMBER: Home () Work/Cell ()

E-MAIL ADDRESS:

SOCIAL SECURITY#: - - BIRTH DATE:

CID# (Coyote ID, if already a student):

QUARTER & YEAR YOU ARE APPLYING FOR: Fall Winter Spring Year

DEGREE OBJECTIVE: (BA/BS; MA/MS; Other) Major:

Applicant's Signature Date

- ONE copy of this waiver form must be submitted with your admission application.
A SECOND copy must be submitted to the Records office (see below).

Please submit the Records' copy by Mail or in Person to:

Attn: Carolyn Smith
Records, Registration & Evaluations; UH-171
California State University, San Bernardino
5500 University Parkway
San Bernardino, CA 92407

Questions regarding this form should be addressed with Carolyn Smith, Program Coordinator, at 909-537-5219. Or you may email questions at ksmith@csusb.edu.