

Submit this form and Proof of Relationship*

Please complete entire form and return to the HR Department at least two weeks in advance of each semester or term. Incomplete forms will not be accepted.

DEPENDENT STUDENT INFORMATION

STUDENT'S LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	CLU ID #
STUDENT'S STREET ADDRESS		CITY	STATE	ZIP
STUDENT'S EMAIL		CONTACT PHONE		

STUDENT'S RELATIONSHIP TO EMPLOYEE* IS STUDENT MARRIED? IF SO, DATE OF MARRIAGE

*Acceptable proof of relationship includes marriage certificate, birth certificate, etc. For additional reference please refer to the [Employee Handbook](#).

APPLICATION INFORMATION

ANSWER ALL THAT APPLY TO THIS APPLICATION

- Yes No Are you seeking your first Baccalaureate degree?
 Yes No Are you a regularly admitted student for the Undergraduate program?

PLEASE INDICATE WHICH PROGRAM YOU WILL ENROLL IN THIS TERM

- Traditional Undergraduate program (semester based) with fewer than 140 attempted units to date
 Bachelor's Degree for Professionals program (quarter based) with fewer than 140 attempted units to date
 Fifth-year Credential program with fewer than 36 attempted units to date

PLEASE INDICATE YOUR REGISTRATION DETAILS FOR THIS APPLICATION

FALL WINTER SPRING SUMMER ACADEMIC YEAR: _____ TOTAL UNITS: _____

PLEASE INDICATE YOUR CLASS STANDING FOR THIS TERM CHECKED ABOVE

FRESHMAN (0-29 UNITS) SOPHOMORE (30-59 UNITS) JUNIOR (60-89 UNITS) SENIOR (90-124 UNITS) 5TH YEAR CREDITIAL

EMPLOYEE INFORMATION

EMPLOYEE'S LAST NAME	EMPLOYEE'S FIRST NAME	EMPLOYEE'S HIRE DATE	EMPLOYEE'S CLU ID #
EMPLOYEE'S DEPARTMENT / WORK EXTENSION		EMPLOYEE'S HOME PHONE	

SIGNATURE

To the best of my knowledge, I certify that the above information is true and correct.

I have attached or have on file with Human Resources proof of relationship, including a copy of the Tax Return for parent of dependent child.

SIGNATURE OF QUALIFIED RELATIVE DATE

SIGNATURE OF EMPLOYEE DATE

Taxation of benefits offered under the Education Benefits Policy is determined by the [Internal Revenue Code](#) and is subject to change at any time. For additional reference to the Educational Benefits policy please refer to the [Employee Handbook](#) (pages 34-39).

For HR office use only:

Eligible Ineligible FTE Status _____ Payroll Hours _____ Benefit _____ class(es) at _____ %
 Tax Return Verified HR Benefit Initials _____

AVP of Human Resources Signature _____ Date _____