

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
Graduate Studies Office

**GRADUATE ASSISTANT/TEACHING ASSOCIATE
APPLICATION FOR STATE UNIVERSITY FEE WAIVER
Due by end of 3rd week of every quarter or 15th day of instruction**

Applicant: Attach a copy of approved Academic Appointment Form and/or Letter of Appointment

Note: Graduate students are not eligible to receive this waiver in the same academic quarter as another grant, scholarship or other waiver designated for payment of fees. Therefore, if this waiver is approved, the amount received from any other fee paying source will be reduced by a corresponding amount.

Name: _____ Bronco Number: _____

Home Phone Number: _____

Cal Poly Pomona Email: _____

Campus Employment Location _____ Campus ext. _____

Graduate Assistant (Hours Per Week) _____ Quarter _____

Teaching Associate (Appointment Fraction) _____ Academic Year _____

Name of Master's Degree in Process _____

Current Quarter Enrollment:

_____ Units

_____ Units

_____ Units

_____ Units

_____ Date

_____ Date

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(Graduate Office Use Only)
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Verification of enrollment by: _____

Quarter/Year: _____ Approved for Fee Waiver

Number of units: _____ Not approved for Fee Waiver
Justification: _____

Fee amount waived: _____

Date processed: _____