UNIVERSITY OF CALIFORNIA

# Authorization for Waiver of 2018-19 Admission Application Fees

UC will waive application fees for up to four campuses for students who meet the criteria listed below. If the student wishes to apply to more than four campuses, he or she must pay a $70 fee for each additional campus. UC waivers cannot be combined with other fee waivers.

## Eligibility checklist

Please check only one of the boxes below and write in the name of each family member in the space provided.

| Family size & family income* | Name of each family member supported by family income | |
|---|---|---|
| ☐ One ..... $ 22,311 or less | (1) _____ | (6) _____ |
| ☐ Two ..... $ 30,044 or less | (2) _____ | (7) _____ |
| ☐ Three ..... $ 37,777 or less | (3) _____ | (8) _____ |
| ☐ Four ..... $ 45,510 or less | (4) _____ | (9) _____ |
| ☐ Five ..... $ 53,243 or less | (5) _____ | (10) _____ |

**Please check one of the boxes below:**

☐ I am a U.S. citizen or Permanent Resident.

☐ I am not a U.S. citizen or Permanent Resident but have attended a California high school for at least 3 years, and will graduate or have graduated from a California high school.***

* Number of family members supported by income
** For each additional family member, add $7,733 to the family income to determine eligibility
*** Students on a non-immigrant visa are not eligible for the UC fee waiver.

## California Community College EOPS

☐ I am a current CCC EOPS student.

Community College EOPS Director (*signature required*) _____ Name of Community College _____

Director's Email _____ Director's Phone _____

I understand that my application fee will be waived based on the eligibility criteria I have checked above. I certify that I have considered each criterion carefully and that my response is true and complete. Further, I understand that admission to or enrollment in the University of California may be denied if the information provided is incomplete or inaccurate.

Name _____

Address _____

City _____ State _____ Zip _____

UC Application ID Number _____

Signature _____

**Please mail form to**
University of California
Application Center
P.O. Box 1432
Bakersfield, CA 93302

**Or email**
docs@applyucsupport.net

*Submit original form only.*
*Do not duplicate this form.*