

Student Fee Waiver Request OVER 60 PROGRAM

This waiver form must be submitted to the Office of the Registrar in UH-171.

NAME		COYOTE ID# Middle Initial		
Last	First	Middle Initial		
ADDRESS	CITY		STATE	ZIP
PHONE NUMBER: Home ()	Work/Cell	()	
MYCOYOTE E-MAIL ADDRESS	<u> </u>			
DATE OF BIRTH: (mm/dd/yyyy)	/	/		
QUARTER & YEAR FOR WHICI	H YOU ARE APPLYI	NG: QTR		_ Year
DEGREE OBJECTIVE: (BA/BS; I	MA/MS; Other)	Major		
STUDENT'S SIGNATURE		Σ	OATE	
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REGISTRATION INFORMATION

Persons enrolling in the program will be able to register using the MyCoyote on-line registration system.

mycoyote.csusb.edu

However, because students in this program pay a reduced fee, their registration time will be during Priority 5 registration. If a student applies to this program after priority registration has ended, they will then register during the open and/or late registration periods, which require pre-payment of fees. However, the \$25.00 late fee will be waived.

Questions regarding the Over 60 Program should be addressed to the Program Coordinator, Alexis Jackson, at 909-537-3513. Or you may email questions at alexis.jackson@csusb.edu.

To submit this request by mail, please address to:

Attn: Alexis Jackson Office of the Registrar; UH-171 California State University, San Bernardino 5500 University Parkway San Bernardino, CA 92407