



**CALIFORNIA STATE UNIVERSITY, SACRAMENTO
SIXTY PLUS FEE WAIVER APPLICATION**

Return this *Fee Waiver Application* to the Student Services Counter, 1st floor, Lassen Hall or mail it to the address below. Unless you are a continuing student you must also submit the CSU on-line undergraduate or graduate application for admission.

Semester and Year applying for: _____

Name _____
Last First Middle

Address _____
Street City State Zip

Email _____ Phone Number _____

Sac State ID or Social Security Number _____

Date of Birth _____

Class Level: _____ Undergraduate _____ 2nd BA _____ Graduate

Present Status: (please check one) _____ New Applicant _____ Continuing

Degree Objective (major) _____

Student's Signature _____
Date _____

Verified Date of Birth _____
School Official's Signature Date

6000 J Street * Sacramento, CA 95819-6056 * (916) 278-3625 * Fax (916) 278-6453

Office Notes _____
