

Matriculated graduate students enrolled in a "classified status" graduate program of study; who are appointed as Teaching Associates at San José State University shall be granted fee waivers (reimbursements), during the semester that they are teaching, of mandatory campus miscellaneous fees and the mandatory state university fees at the CA- resident tuition level. For current fees, please go to [www.sjsu.edu/bursar/](http://www.sjsu.edu/bursar/). The fee waiver covers 1-6 units for a hiring time base of 0.10 to 0.20 or more than 6 units for a hiring time base above 0.20.

***Do you have any type of financial aid, including governmental grants, scholarship or sponsorship? If so, you must contact the Financial Aid & Scholarship Office, prior to completing this application. Receiving the tuition fee waiver can affect your financial aid.***

| To Be Completed by Graduate Student                                                                                                                                                                                                                                                                                                                                                                          |                          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|
| SJSU ID                                                                                                                                                                                                                                                                                                                                                                                                      | First Name               | Last Name |
| Email                                                                                                                                                                                                                                                                                                                                                                                                        | Current Graduate Program |           |
| Fee Waiver (Reimbursement) Requested for<br><input type="checkbox"/> Fall <input type="checkbox"/> Spring      20____                                                                                                                                                                                                                                                                                        |                          |           |
| <b><i>I understand that my employment as a Teaching Associate is contingent upon my enrollment in courses for the semester for which I am hired. I must pay my fees by the due date to avoid my classes being dropped (my fees will be reimbursed). If I cannot pay my tuition in full, I may contact the Bursar's Office at (408) 924-1601 or <a href="mailto:bursar@sjsu.edu">bursar@sjsu.edu</a>.</i></b> |                          |           |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                    |                          | Date      |

| To Be Completed by Department  |                                                                                 |                 |
|--------------------------------|---------------------------------------------------------------------------------|-----------------|
| Student Employed by Department | DeptID                                                                          | Phone Extension |
| Student's Cumulative GPA       | Student is in classified status <input type="checkbox"/> (required)             |                 |
| Time Base/FTE                  | Student is Enrolled<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Department Contact Name        |                                                                                 |                 |

| Approvers             |                            |      |
|-----------------------|----------------------------|------|
| Chair/Director Name   | Chair/Director Signature   | Date |
| Dean or Designee Name | Dean or Designee Signature | Date |

| People & Culture Only                                             |           |      |
|-------------------------------------------------------------------|-----------|------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Signature | Date |