

Authorization for Waiver of 2024–25 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, they must pay a \$ 80 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	
<input type="checkbox"/> One \$ 27,861 or less	(1) _____	(7) _____
<input type="checkbox"/> Two \$ 37,814 or less	(2) _____	(8) _____
<input type="checkbox"/> Three \$ 47,767 or less	(3) _____	(9) _____
<input type="checkbox"/> Four \$ 57,720 or less	(4) _____	(10) _____
<input type="checkbox"/> Five \$ 69,673 or less	(5) _____	(11) _____
<input type="checkbox"/> Six \$ 77,626 or less	(6) _____	(12) _____

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 \$9953 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 (<i>signature required</i>)	_____ 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 4438
 Greenwood Village, CO
 80155

Or email
 docs@applyucsupport.net

Submit original form only. Do not duplicate this form.