

Authorization for Waiver of 2022–23 Admission Application Fees

	more than four ca	ampuses, they mus er fee waivers.	who meet the criteria listed below. t pay a \$70 fee for each additional
Eligibility checklist			
Please check only one of the boxes	s below and write in	the name of each fa	amily member in the space provided.
Family size & family income*	Name of each	family member su	pported by family income
☐ One \$ 23,828 or less	(1)		(7)
☐ Two\$ 32,227 or less	(2)		(8)
☐ Three \$ 40,626 or less	(3)		(9)
☐ Four \$ 49,025 or less	(4)		(10)
☐ Five \$ 57,424 or less	(5)		(11)
☐ Six\$ 65,823 or less	(6)		(12)
□ I am a U.S. citizen or Permaner □ I am not a U.S. citizen or Permaner 3 years, and will graduate or have * Number of family members supported by incom ** For each additional family member, add \$8,399 *** Students on a non-immigrant visa are not elign California Community □ I am a current CCC EOPS students	nent Resident but h ve graduated from a ne. It to the family income to det gible for the UC fee waiver. College EOF	a California high sch	
Community College EOPS Director (signature requ	uired)	Name of Community College	
Director's Email		Director's Phone	
I understand that my application I certify that I have considered ear Further, I understand that admissinformation provided is incomple	ch criterion careful ion to or enrollmen	ly and that my resp	onse is true and complete. of California may be denied if the Please mail form to
Address			University of California Application Center P.O. Box 4438 Greenwood Village, CO 80155
City	State	Zip	Or email docs@applyucsupport.net
UC Application ID Number			Submit original form only. Do not duplicate this form.
Signature			