



## NONRESIDENT TUITION FEE WAIVER

The Nonresident Tuition Fee Waiver form must be fill out each semester. Please send completed form and supporting documents to **Residency@glendale.edu**.

If approved this waiver will allow students to pay the in-state tuition rate per unit instead of the nonresident tuition fees. Eligibility for this waiver is in accordance with California Education Code (76140). This waiver is for students who are citizens and residents of a foreign country, or who are legally precluded from establishing residency in California, who do not meet AB-540 eligibility, and have demonstrated their financial need makes it challenging to pay out-of-state tuition. Such individual exemptions shall not be granted in excess of ten percent (10%) of the non-resident student population. **\*\*Not all students who submit this waiver form will be granted.\*\***

**Student Information**

**GCC ID#:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Term Requested:** (Fall, Winter, Spring, Summer): \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**Eligibility: Please read carefully.**

1. My immigration status prevents me from establishing residency in the United States?  Yes  No
2. I meet the economic hardship criteria below?  Yes  No

\*Please submit income information to establish economic hardship such as eligibility for Temporary Assistance for Needy Families Program, Supplemental Income/State Supplementary benefits, general assistance, employer notice, etc.

FAMILY SIZE	2025 INCOME
1	\$21, 870
2	\$29,580
3	\$37,290
4	45, 000
5	\$52,710
6	\$60,420
7	\$68,130
8	\$75,840
Each Additional Family Member	\$7,710

\*\*These standards are based on the federal poverty guidelines, as published each year by the US Department of Health and Human Services. Under Title 5 of the California Code of Regulations, the student or student’s family must have a total income in the prior year that is equal to or less than 150% of the U.S. Department of Health and Human Services Poverty Guidelines based on family size.

**Nonresident Tuition Fee Waiver Applicant Certification**

**Please Read and Sign Below**

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. If I falsify information on this form, I will be responsible for reimbursing the college for any nonresident tuition fees owed, and I will also be subject to student discipline, up to and including suspension and/or expulsion from the District.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

*(required for dependent students under age 19)*

**OFFICE USE ONLY:**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_