



## 6 or Fewer units Non-Resident Tuition Fee Waiver

### Check Appropriate College

☐ Admissions  
Cañada College  
4200 Farm Hill Boulevard  
Redwood City, CA 94061  
Phone: (650) 306-3226  
Click [Here](#) to Submit

☐ Admissions  
College of San Mateo  
1700 West Hillsdale Blvd.  
San Mateo, CA 94402  
Phone: (650) 574-6165  
Click [Here](#) to Submit

☐ Admissions  
Skyline College  
3300 College Drive  
San Bruno, CA 94066  
Phone: (650) 738-4251  
Click [Here](#) to Submit

CA Education Code Section(s) 68000, 68130.5, 76140, 76140.

Complete and sign this form to request a non-resident tuition fee waiver if you are a non-resident student enrolled in 6 units or fewer. This form includes the eligibility criteria established by the San Mateo County Community College District (SMCCCD) for the waiver of non-resident tuition specifically for undocumented students enrolled in six or fewer units at one or more of the colleges in the SMCCCD.

San Mateo County residents may qualify for the SB893 waivers. Please refer to the [frequently asked questions](#) for details

#### PLEASE NOTE:

- Upon successful processing of this form, you will not be charged non-resident tuition. You will be responsible for paying the enrollment fees.
- This form must be completed for each term that the waiver is requested.
- Students with valid visas and/or active I-20s are not eligible for this waiver.
- Units taken at Cañada College, College of San Mateo, and Skyline College are included in the 6-unit total.

Student's ID# G: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

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

Semester (Please check the appropriate semester): ☐ Spring ☐ Summer ☐ Fall YEAR \_\_\_\_\_

Please confirm that each statement applies to you.

- ☐ I understand that to receive this waiver I can only take 6 units or less per semester unless I reside in San Mateo County and eligible under SB893. I will commit to update the college Admissions & Records office if my residency status changes.
- ☐ I am working towards eligibility for AB540 status and I am currently not eligible for AB540 status. Once I meet eligibility I will submit the AB 540 Non-Resident Tuition Exemption Request.
- ☐ I understand to be eligible for this waiver I need to physically reside in California and have a California address.
- ☐ I do not have valid visas and/or an active I-20.
- ☐ I am not a high school student.

DECLARATION OF TRUE AND ACCURATE INFORMATION: I, the undersigned, declare under penalty of perjury that the information I have provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for the San Mateo County Community College District (SMCCCD) Board Policy. I further understand that if any of the above information is found to be false, I will be liable for payment of all nonresident tuition charges from which I was exempted and may be subject to disciplinary action by the College or University.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Received by: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ rev. 12/2024