



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

SMCCCD

### ESL Course(s) Non-Resident Tuition Fee Waiver (AB 1232)

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.

**Complete and sign this form to request a non-resident tuition fee waiver if you are a non-resident student enrolled in for credit English as a second language (ESL) course(s) and who meets any of the following:**

- A recent immigrant, as defined in Section 1101(a)(15) of Title 8 of the United States Code
- A recent refugee, as defined in Section 1101(a)(42) of Title 8 of the United States Code
- A person who has been granted asylum by the United States, as defined in Section 1158 of Title 8 of the United States Code

**This exemption shall apply only to:**

- Individuals who, upon entering the United States, settled in California and who have resided in California for less than one year
- The tuition fee for credit ESL courses

**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 or any other course/college related fees
- This form must be completed for each term that the waiver is requested and only applies for ESL course(s) only
- Students with certain immigration status and/or active I-20s are not eligible for this waiver
- Documentation may be requested

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

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

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

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

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

Please check one of the following:

I am already registered in the following ESL course(s)

Please enroll me in the following ESL courses:

CRN	COURSE TITLE	COURSE NUMBER	SECTION	UNITS
Sample 51329	Comp. for Multilingual Students	ESL 400	Z2H	5

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. 1/27/2023