## APPLICATION FOR FILING FEE STATUS

This application for filing fee status is for (check one):	
Quarter:FallWinterSpringSummer	Year
Name:	G. 1 ID "
Last Name First Name	Student ID #
Department/Program: F	Email Address:
I understand that by paying this fee in lieu of registration fees, I employment or academic appointment; use University facilities required for the final reading of the dissertation/thesis or for attera registered graduate student for the quarter on filing fee status. I quarter indicated and may be used only once.  Note: Students on filing fee are not eligible for the UC Graduate in voluntary coverage if they were covered by the plan in the present the present of the present of the plan in the plan	; make demands upon faculty time other than the time ndance at the formal final examination; or be considered also understand that the Filing Fee is valid only for the Student Health Insurance Plan, but may be able to enroll
Signature:	Date:
Please obtain the signatures of your reading committee and that along with the application for the degree with the Division of Academic Calendar. The filing fee charge of \$188 will be billed  READING COMMITTEE APPROVAL: This is to certify that as of the filing of this form, the student hat the filing of the dissertation or thesis and/or the final examination to earn the degree during the quarter indicated. The undersigned the student's dissertation or thesis, and it is acceptable with only	Graduate Studies by the deadline date published in the to your student account.  s fulfilled all formal requirements for the degree except a, and is expected to complete these requirements in time I committee members have reviewed a complete draft of
Reading Committee Chair Signature:	
Reader Signature:	Date:
Reader Signature:	Date:
Optional Reader Signature:	Date:
DEPARTMENT APPROVAL: This is to certify that as of the filing of this form, the student hat the filing of the dissertation or thesis and/or the final examination to earn the degree during the quarter indicated.  Signature:  Graduate Program Director	a, and is expected to complete these requirements in time
GRADUATE DIVISION: Approve	
Deny Signature:	Date: