



The Foundation for
California State University,
San Bernardino

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CALIFORNIA 92407-2397

STUDENT UNIT CERTIFICATION

Legal Name (Last, First): _____ Last 4 digits of SSN: _____

Department: _____ Undergraduate Graduate

Errors on this form may result in automatic designation of "Subject to FICA" until a corrected form is submitted by the employee. This form must be completed before the beginning of each quarter, including Summer (four times per year).

Regular Quarter:

Quarter (check only one): FALL WINTER SPRING Academic Year: _____

Number of units enrolled per quarter at **CSUSB**: _____

Summer Quarter:

Regular Session (10 weeks): _____ units
6W1 (5 weeks): _____ units 6W2 (5 weeks) : _____ units Academic Year: _____

EXEMPT FROM FICA (Social Security and Medicare taxes):

Undergraduate Students:

Must be enrolled in minimum of **6** units per Regular Quarter
or **4.5** units per (5 week) Summer Session

Graduate Students:

Must be enrolled in minimum **4** units per Regular Quarter
or **4** units per (5 week) Summer Session

SUBJECT TO FICA

Not attending CSUSB --- Enrolled at: _____ Units: _____
Name of the school

Not attending any school at the present time. (Not enrolled in Summer Sessions)

Your signature certifies that all statements are true and complete to the best of your knowledge and belief. Your signature also provides authorization for the CSUSB Foundation to access any records necessary to verify this information. False or intentionally incomplete information may be grounds for termination.

Signature _____ Date _____