FACULTY AND STAFF EMPLOYEE FEE WAIVER APPLICATION
CALIFORNIA STATE UNIVERSITY

SECTION 1 – Employee Information (to be completed by employee for each term of enrollment)		
Name:	[redacted]	Classification Title:
Department:	Email Address:	CIN:
Campus, Campus Address & Phone:	Time Base: ___Full time ___Part time Status: __Permanent __Probationary __Temporary (appt. exp._____) Class Standing: __Fresh. __Soph. __Jr. __Sr. __Credential __Graduate	
Do you have an approved Individual Career Development Plan on file? ___Yes ___No If yes, please indicate major:	CSU Campus to Attend:	

SECTION II – Course Information

Term and Year	Course Title	Level (Undergraduate or Graduate)	Course Subject, Number & Section	Units	Times	Hours Per Week	WR (Work-Related) or CD (Career Development)
(Example)							
Fall 2007	Art	Undergraduate	Art 108 Visual Tech	3	8-10 am	4 Hrs	CD

For work-related courses, please state how each course relates to your present assignment (attach sheets if necessary): _____

_____

SECTION III–DEPARTMENTAL REVIEW (to be completed by employee's supervisor)

1. Are you granting employee's request to take one fee waiver course during regularly scheduled work hours? ___No ___Yes
(If yes, please list days and times: _____)
2. Will the course require a change in the employee's work schedule ? ___No ___Yes

_____ _____ _____ _____
Supervisor Signature Date Dean/Dept. Head Signature Date

_____ _____
VP Signature Date

SECTION IV – EMPLOYEE VERIFICATION AND SIGNATURE

My signature below is to certify that the information relevant to this request for Employee Fee Waiver is accurate and I acknowledge that I must submit a new form if I wish to request a change (e.g., a different class, adjusted work schedule, etc.). Also, as requested by CSU policy, I agree to provide information concerning my study program and grades received by hereby authorizing the Registrar's Office to release my transcript of the work completed to Human Resources. Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advancements.

_____ _____
Signature of employee requesting fee waiver Date

OFFICE USE ONLY

EMPLOYEE'S EMPLOYMENT STATUS:
This employee is:
___Faculty or ___Staff
FLSA Status: ___Exempt ___Non-Exempt
___ Eligible for fee waiver benefits or ___ Not Eligible (Reason: _____)

Number of units eligible for: _____Undergrad Units or _____Graduate Units (including Ed.D.)
Courses are: ___Career Development or ___Work-Related (Confirmed? Y N)

Position # _____-_____-_____ CBID: _____

Additional Fees (e.g., extra unit fee, late fees) Total: _____ Budget Code: _____

Fee Waiver Coordinator Signature_____ Date_____

Fee Waiver Coordinator Campus:_____ Phone Number:_____