FACULTY AND STAFF FEE WAIVER APPLICATION
CALIFORNIA STATE UNIVERSITY

SECTION 1 – Employee Information (to be completed by employee for each term of enrollment)

Name:	Social Security: - -	Classification Title:
Department:	Email Address:	
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 2003	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 <u>one fee waiver course</u> 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

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 (See Technical Letter HR/Benefits 2002-30 for eligibility criteria):
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
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:**_____