



FACULTY AND STAFF EMPLOYEE FEE WAIVER APPLICATION CALIFORNIA STATE UNIVERSITY

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

Name:	Social Security:	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: _____