



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:			