

### FACULTY AND STAFF EMPLOYEE FEE WAIVER APPLICATION

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

Non-exempt   
Exempt

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Classification Title: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Time Base: Full time  Part time  Position: Staff  Faculty

Status: Permanent  Probationary  Temporary  (appt.exp. \_\_\_\_\_)

Class Standing: Freshman  Sophomore  Junior  Senior  Credential  Graduate

CAMPUS TO ATTEND: \_\_\_\_\_ CAMPUS ID #: \_\_\_\_\_

Do you have an approved Individual Career Development Plan on file? No  Yes \*

*\*If yes, please complete Career Development form and indicate major.*

#### SECTION 2 – Course Information

Term and Year	Level (Graduate or Undergraduate)	Course Title	Number & Section	Units	Times	Hours per week	WR (Work-Related) or CD (Career Development), complete below if applicable

For Work-Related courses, please state how each course relates to your present assignment(attach additional documents if necessary):

#### SECTION 3-Departmental Review (to be completed by employee's supervisor)

1.Are you granting employee's request to take on fee waiver course during regular scheduled work hours? No  Yes   
(If yes, please list days and times): \_\_\_\_\_

2.Will the course require a change in the employees work schedule? No  Yes \* (Please attach a Modified Work Schedule)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Dept. Head Signature

\_\_\_\_\_  
Date

#### SECTION 4- Employee Review (To be completed by employee)

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 herby authorizing the Registrar's Office to release my transcript of the work completed to Human Resources. I have also reviewed the taxation information on the CSUDH fee waiver website. Further, I understand that CSU in no way guaranteed 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 2011-14 for eligibility criteria)

Position # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CBID \_\_\_\_\_

Eligible for fee waiver benefits  Not eligible Reason \_\_\_\_\_

Number of Units Eligible for: \_\_\_\_\_ Undergrad Units or \_\_\_\_\_ Graduate Units (including Ed.D.)

Fee Waiver Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_ Phone Number : 310 243-3771