



FACULTY AND STAFF FEE WAIVER APPLICATION

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

Name:	Employee ID	Classification Title:	
Department:	Attending University Student ID	Phone:	CSU Campus to Attend:

For matriculated students seeking a degree: Do you have an approved Individual Career Development Plan on file?
 No Yes

If yes, please attach a Career Plan Update. If no, please attach a Career Development Plan. (Both forms are on the Fee Waiver website under "Forms")

****To avoid a \$25.00 late registration fee, matriculated students seeking a degree must register prior to the 1st day of the term.****

Time Base: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary (appt. exp. _____)
Semester: _____ Year: _____	Class Standing: <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Credential <input type="checkbox"/> Graduate

SECTION II – Course Information

Dept, Number & Section	Level (Undergrad, Grad, Credential)	Course Title	Units	Days (M,T,W,Th, F, Sa)	Hours	WR (Work Related) or CD (Career Develop.)

Supervisor's Statement: For work-related courses, please state how each course relates to the employees present assignment :

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

- Are you granting the employee’s request to take one fee waiver course during regularly scheduled work hours? No Yes
 If yes, please list days and times: _____
- Will the course require a change in the employee’s work schedule? No Yes If yes, please attach a revised work schedule form.

 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 2023-08 & the Collective Bargaining Agreements for eligibility criteria):

Employee is: ___ Faculty or ___ Staff **CBID:** _____ **FLSA Status:** ___ Exempt ___ Non-Exempt

Eligibility: ___ Eligible for fee waiver benefits or ___ Not Eligible (Reason: _____)

Number of units eligible for: _____ Undergrad Unit or _____ Graduate Units or _____ 2 Courses (whichever is greater)

Courses are: ___ Career Development or ___ Work-Related

Academic Standing _____

Fee Waiver Coordinator Signature _____ **Date** _____