



Employee Fee Waiver Form

Registration & Miscellaneous Fees

Employee Information

Employee Name: _____

Red ID: _____

Department/College: _____

Bargaining Unit: _____

Contact Information:

Employment time base:

Status:

Phone #: _____

Full time

Permanent

Fax: _____

Part time

Probationary

Note: approved form is faxed to employee unless otherwise requested

Temporary; if checked:

Mail Code: _____

Appt expires: _____

Email: _____

FERP

Course Information

Relationship of class(es) to present assignment:

- Career Development (pursuing a degree/credential program) **OR** Work related
- Attached is my Career Development Plan Attached is my job description or bulletin announcement
- My Career Development Plan is on file My job description/announcement is on file

Campus of Enrollment:

Academic Year:

Resident Status for Tuition purposes:

- SDSU or
- Other CSU campus: _____

20____/20____

- Resident (In-state)
- Non-resident (Out-of state)

Coursework:

Term:

- Undergraduate
- Graduate
- Credential

- Fall
- Winter

- Spring
- Summer: I / II / III (circle session)

Class Abbreviation

Class Title

Units

Days/Hours

If specific classes are not known by the fee waiver deadline, please indicate the courses you are likely to attend. Individuals must register through Enrollment Services to be officially enrolled in the courses.

(e.g., FIN-313)

(e.g., Business Finance)

(e.g., 4)

(e.g., MWF 12:00-1:50pm)

I have read and understand the conditions of the Fee Waiver Program.

Employee Signature

Date

Department Review

Supervisor's signature is needed if coursework is work related or if release time is required during work hours.

Did you direct this employee to attend these courses? Yes No

MPP Administrator/Dean Signature

Date

Campus Phone Ext.

To Be Completed By Fee Waiver Coordinator

Fee Waiver Coordinator Signature

Date

Please note:

- Employees can be granted release time for one class per term provided that: The operational needs of the department are met, or there is an arrangement to make up the released time, or the released time is offset from an accrued balance of time. Approval by the employee's appropriate MPP administrator is required.

Fax form to Fee Waiver Program at (619) 594-4013 or mail to MC 1625

Please allow 5 days for processing. To check on the status of your waiver call (619) 594-2449.