

CSULB STAFF REQUEST FOR REGISTRATION FEE WAIVER

Winter Spring Summer Fall / Year
Revision ()

Employee's Last Name

First Name

Campus ID Number

Job Classification (Not Working Title)

Work Phone

Home Phone

Email Address

Department / Office

Specify employee's campus name if other than CSULB

CSU Campus enrolling in

(1) Current Employment Status:

- Permanent FT Permanent PT; Time Base: _____ Temporary FT; Appt expiration date: _____
- On Educational Leave or approved leave of absence; if yes, indicate Time Base: _____

(2) Do you need to apply for admission to the University this semester? Yes No
 If yes, have you submitted an Application Fee Waiver Form and CSU Admissions Application to our office? Yes No

(3) List all classes you are registering for this semester (Attach an additional sheet if necessary). If you are requesting to attend a course during your work hours, attendance in one CSULB on-campus course may be granted with your appropriate administrator's approval. Please refer to the appropriate Memorandum of Understanding for provisions governing this practice. **If you make any changes with your schedule (adding or dropping), you must submit another Staff Request for Registration Fee Waiver and Questionnaire form, mark both forms "Revision", and notify your supervisor/Dept Chair and ASM/appropriate administrator.**

What is your degree objective? Bachelor's Master's Doctorate Credential

Dept	Course # (3-digit)	Course Title	Units	Days / Hours	If Summer Session, Circle Session #	✓ if during work hrs (1 class max.)
					1st / 2nd / 3rd	
					1st / 2nd / 3rd	
					1st / 2nd / 3rd	

Supervisor / Dept Chair & ASM / Appropriate Administrator:

Are you granting employee's request to take one CSULB on-campus fee waiver course during regular scheduled work hours? Yes No If yes, will the course require a change in the employee's work schedule? Yes No

_____/_____
Supervisor / Department Chair / Date

_____/_____
Appropriate Administrator / Date

_____/_____
Employee Signature / Date

(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 HR. Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advancements.)

CSULB STAFF HR USE ONLY

Collective Bargaining Unit _____

Employment Status _____

_____ Units or _____ Courses

Signature Date

Approval verifies your eligibility for Fee Waiver benefits under the collective bargaining agreement only. Approval is not a guarantee of academic standing or academic eligibility.

Please sign, get signatures, and submit the completed form to Staff Human Resources, BH 335 **at least two (2) weeks prior** to your registration date.

