

# CSULB STAFF REQUEST FOR REGISTRATION FEE WAIVER

Winter     Spring     Summer     Fall      / Year  
 Revision (    )

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\_\_\_\_\_  
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.

