CALIFORNIA STATE UNIVERSITY, MONTEREY BAY
BENEFITS AND PROFESSIONAL DEVELOPMENT

FACULTY AND STAFF FEE WAIVER APPLICATION

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

Name:	**Employee ID** (from CMS Student/HR):	**Classification Title**:	
Department:	**Building #/ Room**:	**Phone**:	**CSU Campus to Attend**:

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

If yes, please attach a Career Plan Update. **If no**, please attach a Career Development Plan. *(Both forms are on the HR 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: ☐Full time ☐Part time **Status:** ☐Permanent ☐Probationary ☐Temporary (appt. exp._____)

Semester: **Year**: **Class Standing:** ☐Fresh. ☐Soph. ☐Jr. ☐Sr. ☐Credential ☐Graduate

SECTION II – Course Information

Dept, Number & Section	**Course Level**	**Course Title**	**Units**	**Days** (M,T,W,Th, F, Sa)	**Hours**	**WR Work Related or CD Career Development**

Supervisors Statement: For work-related courses, please state how each course(s) relates to the employees present assignment (attach sheets if necessary):

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

1. 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: _____
2. 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 University Personnel.** 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 2007-08 & 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 *(Confirmed? Y / N)*

Additional Fees (e.g., extra unit fee, late fees) Total: _____ **Academic Standing _____**

Fee Waiver Coordinator Signature_____ Date_____

Fee Waiver Coordinator: Toni Uribe, CSU Monterey Bay Phone Number: 831/582-3626 FAX: 831/582-4736

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