



# Job-related (Non-Matric) Course/Fee Waiver Application

## Spring '24

Section 1 – Employee Information (to be completed by the employee)									
First Name		Last Name			MI	Employee ID		Date of Birth	
Please enter other names that may appear on your academic records									
Other Name(s):									
Current Mailing Address Information									
Street Address				City		Apt #	State	Zip	
Permanent Address Information (if different than from current address)									
Street Address				City		Apt #	State	Zip	
Contact Information									
Home Phone			Mobile Phone			Email			
Classification Title					Department				
Time Base	Full-time	Part-time	Status	Permanent	Probationary	Temp.	Appt. exp		

Section 2 – Education History									
CSUMB attendance									
Have you previously attended this campus?				Yes	No	Year Attended			
Class Standing									
Semester				Year					
Fresh.	Soph.	Junior	Senior	Graduate	Credential				
High School Attended									
Institution Name				City	State	Graduation Date <sup>^</sup>	GED Date <sup>^</sup>		
Other Colleges and Universities Attended									
School Name			State	Enrolled Date From <sup>^</sup>	Enrolled Date To <sup>^</sup>	# of Units	Degree Received		

<sup>^</sup>date format (mm/yy)

**Employee Certification/Verification**

I certify **under penalty of perjury** under the laws of the State of California that I have provided complete and accurate responses to all the items on this application. I further certify all official documents in support of this application are authentic and unaltered records that pertain to me. My signature certifies the accuracy and completeness of the information provided.

I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment.

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.

Finally, 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.).

Employee Signature	Date

Section 3 – Course Information*					
Course Title	College of:	Code	Units	Grading	Select
Communication Skills for Professionals	Business	BUS 395-01 (CN 24198)	3	CR/NC	
Emerging Technology Applications for Professionals	Business	BUS 395-02 (CN 24199)	3	CR/NC	
Extending the CSUMB Raft to our Communities	Education	ED 395-01 (CN 24212)	3	CR/NC	
Money Management Skills for Professionals	Business	BUS 395-03 (CN 24200)	3	CR/NC	
Movement is Medicine	Health Sciences and Human Services	KIN 395-90 (CN 24210)	3	CR/NC	

\*2-course maximum

Section 4 – Departmental Review (to be completed by employee's supervisor)		
Are you granting the employee's request to take fee waiver course(s) during regularly scheduled work hours?	Yes	No
Will the course require a change in the employee's work schedule? If yes, a temporary work schedule must be submitted to HR	Yes	No
Appropriate Administrator Signature*	Date	

\*I affirm that the course(s) selected are job-related, and approve the above-referenced employee to take the course(s) selected.

Section 5 – Program Administration (Office Use Only)							
<b>EMPLOYEE'S EMPLOYMENT STATUS</b> See Technical Letter HR/Benefits 2023-08 & the Collective Bargaining Agreements for eligibility criteria							
CBID		Employee Type	Faculty	Staff	FLSA Status	Exempt	Non-exempt
Eligibility for fee waiver benefits					Eligible		Not Eligible
Reason for non-eligibility							
Eligible units		Under Grad Units		2 Courses (whichever is greater)			
Academic Standing			Sent to		Registrar		Accounting
Fee Waiver Coordinator Signature						Date	

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