

EMPLOYEE REDUCED FEE ENROLLMENT APPLICATION (rev.09/06/12)

Please complete the information requested below, obtain department signature and send to Campus Human Resources, Wilshire Center, 10920 Wilshire Blvd. Suite 200, Mail Code 146548 or fax to (310) 794-0865, ATTENTION: POLICY & PERSONNEL SERVICES. The reduction will be applied in SIS within three to five business days of receipt. Questions regarding your application may be directed to (310) 794-3147. NOTE: Qualifying Career employees receive two-thirds (66%) reduction in the Student Services fee (formerly University Registration fee) and Tuition fee (formerly Educational fee) for courses taken at any UC campus. Applicants must be accepted to the University prior to acceptance of this application.

STUDENT STATUS: [] Graduate (G) [] Undergraduate (UG)

ID# : _____ TERM: [] (F) Fall [] (W) Winter [] (S) Spring Year _____

Summer Sessions students please contact the administrative office at (310) 825-4101.

NAME: _____ CAMPUS PHONE: _____

DEPARTMENT: _____ HIRE DATE: _____

PAYROLL TITLE: _____ PROBATIONARY PERIOD END DATE: _____

I request to enroll in the courses listed below. They have been designated as:

[] Position-Related [] Career-Related [] Educational Enrichment

Table with 3 columns: Course Name, Number, Units. Rows 1, 2, 3.

Time in Attendance is: [] Approved as Time Worked (must be position or career related courses) [] Not Approved as Time Worked

If time in attendance is not approved as time worked and attendance is during scheduled working hours, designate below what special arrangements have been made.

[] Time off to be made up by adjusted work schedule [] Time off to be charged to accrued vacation [] Without salary [] Other _____

EMPLOYEE CERTIFICATION

I UNDERSTAND THAT MY ENROLLMENT UNDER THE REDUCED FEE ENROLLMENT IS SUBJECT TO THE FOLLOWING:

- 1. I have been admitted as a regular session student to the University of California.
2. I am a career employee and have completed my probationary period.
3. IMPORTANT: I am enrolling in regular session course(s) totaling no more than nine (9) units or three (3) courses, whichever is greater, and I understand that if my total enrollment for this term exceeds the above, I will not be eligible for a reduction of any of the Educational or Tuition fees for this term*.
4. I am not eligible for the services of the Student Health Center, Gymnasium, and Counseling Center.
5. I will be billed for the total fees waived under this program if my use exceeds enrollment provisions 1 through 4.

*Pursuant to a delegation of authority from the Office of the President, selected nursing employees may be allowed up to twelve (12) units or four (4) courses.

Employee Signature _____ Date _____

DEPARTMENT APPROVALS:

Department Head or Designee _____ Date _____ Extension _____

STUD SVC FEE SUBCODE: 57495 CAMPUS HUMAN RESOURCES USE ONLY TUITION FEE SUBCODE: 57496

Reviewed and authorized by: _____ Date processed in SIS: _____