

# California State University, Bakersfield

## Application for Fee Waiver Course

Employee Name: \_\_\_\_\_ Academic Year \_\_\_\_\_ - \_\_\_\_\_

CSUB ID: \_\_\_\_\_ Quarter: Fall

Department: \_\_\_\_\_ Job Classification: \_\_\_\_\_ Winter

The course(s) I am requesting is/are: \_\_\_\_\_ Spring

Job Related     Career Development Training    Campus Extension: \_\_\_\_\_ Summer

I am requesting release time under the Fee Waiver program during scheduled work hours

### Courses Requested

| Units | Course Prefix | Course Number | Course Title | Section | Days | Time |
|-------|---------------|---------------|--------------|---------|------|------|
|       |               |               |              |         |      |      |
|       |               |               |              |         |      |      |
|       |               |               |              |         |      |      |
|       |               |               |              |         |      |      |

Explain how each course relates to your present job or how each course fits into your individual career development plan:

  
  
  

To the best of my knowledge the above information is correct. As required by the policies of the Board of Trustees, I agree to provide information concerning my study program activity and grades received by hereby authorizing the records office to release my transcript of work completed to the personnel office.

I am taking this course(s) under the CSU Fee Waiver Program on a voluntary basis and my employer does not mandate my participation.

\_\_\_\_\_  
Student's Signature Date

**Appropriate Administrator:**

I approve this employee's fee waiver request and certify that the above listed course(s) is/are either:

Job Related     Career Development     Neither (Approval Denied)

**Release Time: (if applicable)**

Request to take class under the Fee Waiver Program during scheduled work hours: (check one)

Signature Required: \_\_\_\_\_ \_\_\_\_\_ approved    \_\_\_\_\_ denied

\_\_\_\_\_  
Appropriate Administrator's Signature and Title

**Office of Human Resources:**

The above course(s) is/are approved

Job Related     Career Development

Total Units to be Taken \_\_\_\_\_  
Units under Fee Waiver Program \_\_\_\_\_  
Bargaining Unit \_\_\_\_\_

\_\_\_\_\_  
Human Resources Authorization Date