

**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
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