

# CHANGE IN FEE WAIVER COURSE(S)

California State University, Bakersfield

Quarter \_\_\_\_\_, 20\_\_\_\_

INSTRUCTIONS: When ADDING, DROPPING, or CHANGING approved Fee Waiver classes, all Fee Waiver participants must submit this form in the following manner:

### DURING THE THREE WEEK CHANGE PERIOD:

- DO NOT go to the Records Office to make any changes until you turn in this form. No changes may be made until this form is completed and approved by the appropriate administrator and the Office of Human Resources.
- Bring this form to the Office of Human Resources for re-approval and processing.
- If the number of units or courses is increasing beyond those allowed for fee waiver, employee must pay the difference between full and part-time University fees.
- Go through the standard Add/Drop procedure after the completion of this form.

*NOTE: NO FEE WAIVER CHANGES WILL BE HANDLED AT THE RECORDS OFFICE*

Name: \_\_\_\_\_

CSUB ID: \_\_\_\_\_

I request approval to (circle one) CHANGE/ADD/DROP the previously approved fee waiver course(s) as listed below:

FROM	UNITS	COURSE TITLE	COURSE NO.	SECTION	DAYS	TIME
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TO	UNITS	COURSE TITLE	COURSE NO.	SECTION	DAYS	TIME
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Is release time from work requested?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

For which course? \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

### Appropriate Administrator:

I certify that the above added, dropped, or changed 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:

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

\_\_\_\_\_  
Date

\_\_\_\_\_ approved    \_\_\_\_\_ denied

### Human Resources Office:

The above added, dropped, or changed course(s) is/are approved

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

\_\_\_\_\_  
Date

Original-HR

Copy-Student Financial Services

Copy-Admissions

Copy-Employee