

**CAL STATE EAST BAY
TUITION FEE WAIVER APPLICATION (SELF)**

INSTRUCTIONS: Please review eligibility criteria on the following website before completing this form:
<http://www.csueastbay.edu/af/departments/hr/employee-fee-waiver.html>

This application is to be completed by **eligible** employees requesting admission to the Tuition Fee Waiver Program. **Eligible** employees must obtain authorization from their appropriate MPP and the Office of Human Resources, and if faculty, from the Vice President, Academic Affairs.

Term _____ Year _____ Campus of Attendance _____ Due Date: _____

Student Status: New or Continuing and Undergraduate Graduate Ed D. Credential

Name of Employee: _____ PS ID: _____

Classification: _____ Bargaining Unit: _____

Department: _____ Work No.: _____

Department ID: _____ (Required) Student ID (if different): _____

Declared Major: _____

Please list all course(s) for which you have enrolled in the table below:

NOTE: Employees are responsible for all fees over two (2) courses. Fees waived for Graduate and Doctorial courses are subject to taxation over \$5,250 threshold.

Class (Bus XXX)	Course # (XXXX)	Section # (01)	Title	Days	Time		Units	# hrs during work hrs	Type of Fee Waiver	
					Start	End			Work Related	*Career Development

- Employee requests waiver of fees for one course during regularly scheduled working hours. **
- Employee requests waiver of fees for _____ course(s) on own time.
- Employee requests waiver of fees for one course during regularly scheduled working hours and one course on own time.

* An "Individual Career Development Plan" must be submitted or already on file in HR.
 ** Online and off campus courses do not qualify for release time. If more than one course is being taken during regularly scheduled working hours, employee's schedule will be adjusted as follows:

REQUIRED: Describe how the content of the course(s) listed above relates to either your employment (if "Work Related") or your degree objective (if "Career Development"). Attach additional page(s) if needed.

I hereby authorize the Office of Human Resources to review my grades for evaluation of progress in this program. I understand that if I change courses, this will require me to submit a new Tuition Fee Waiver application. Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advances. My signature below certifies that the information provided is accurate.

Employee's Signature _____ Date: _____

- I am approving release time for one course during regularly scheduled work hours. If more than one course is during work hours, I approve the adjusted schedule listed above.
- Based on operational need, the requested release time is denied. Please note, this may require a written explanation of operational needs if requested.

Approval – Appropriate MPP Administrator's Signature _____ Date _____

*Approval – Vice President, Academic Affairs _____ Date _____
 (VP signature for Faculty/R03 Only)

Approved for _____ units Denied: _____ Email notice sent: _____

Approval – Human Resources Office _____ Date _____

Proof of payment received and verified _____ (HR initials)