



# APPLICATION FOR CAREER STAFF REDUCED FEE ENROLLMENT

This form must be completed by the employee, signed by the employee's supervisor (if participation affects work schedule) and signed by the Learning & Development Officer before being submitted to the Registrar. Submit this form to the Learning & Development department by at least 2 weeks before the [Registration Fee due date](#) in order to obtain the fee reduction. (Please Note: The registration fee due dates for the undergraduate and graduate degree programs may be different.)

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

EMPLOYEE ID \_\_\_\_\_

UNIT/CAMPUS MAILING ADDRESS \_\_\_\_\_

PHONE EXTENSION \_\_\_\_\_

UCSC E-MAIL ADDRESS \_\_\_\_\_

I request to enroll in: \_\_\_\_\_

QUARTER (FALL/WINTER/SPRING)/YEAR \_\_\_\_\_

COURSE	NUMBER	DAY(S) OF CLASS	HOURS OF CLASS	CREDITS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

- Time off to be charged to accrued overtime and/or vacation credits
- Pay to be reduced
- Time off with pay
- Adjusted work schedule
- Reimbursement of fees (all or part) for educational courses
- Other (please explain) \_\_\_\_\_

**CHECK ONE:** (Career Staff Reduced Fee Enrollment only applies to classes taken in pursuit of an undergraduate or graduate degree.)

- Undergraduate Student
- Graduate Student

I understand that my participation in Career Staff Reduced Fee Enrollment is subject to [UC Policy PPSM 51](#) & [Regents Policy 7502](#):

1. I am a Career Status employee who passed the probationary period prior to registration.
2. I am not eligible if I am enrolled in a self-supporting academic program.
3. I am enrolling in no more than three regular session University courses or 9 units, whichever is greater. Enrolling in more than 9 credits and more than 3 courses is considered full-time enrollment and subject to full-time fees.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Unit Head/Supervisor's Approval \_\_\_\_\_ Date \_\_\_\_\_

Learning & Development Officer's Approval \_\_\_\_\_ Date \_\_\_\_\_

Registration Coordinator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this form. Print it and sign it. Submit hard copy with original signature to the Learning and Development department or scan and submit a PDF by e-mail to [LearningandDevelopment@ucsc.edu](mailto:LearningandDevelopment@ucsc.edu).**