

UCSC APPLICATION FOR EMPLOYEE REDUCED FEE ENROLLMENT

NAME (LAST, FIRST, MIDDLE)

PAYROLL TITLE

UNIT/CAMPUS MAILING ADDRESS

PHONE EXTENSION

EMAIL ADDRESS

I request to enroll in:

QUARTER/YEAR

COURSE NUMBER

DAY(S) OF CLASS

HOURS OF CLASS

CREDITS

COURSE NUMBER

DAY(S) OF CLASS

HOURS OF CLASS

CREDITS

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: Undergraduate Student Graduate Student

I understand that my enrollment under Employee Reduced Fee is subject to the following:

- 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.

EMPLOYEE'S SIGNATURE

DATE

UNIT HEAD/SUPERVISOR'S APPROVAL

DATE

TRAINING & DEVELOPMENT OFFICER'S APPROVAL

DATE

CERTIFICATION OF REGISTRAR

DATE

This form must be completed by the employee, signed by the employee's supervisor (if it affects work schedule) and signed by the Training & Development Officer before being submitted to the Registrar before the Registration Fee due date in order to obtain the fee reduction.