CSU | Channel Islands

Staff/Faculty Fee Waiver Application

Term

Attending: ☐ Semester ☐ Quarter   **Campus to Attend:** _____ **Date:** _____

☐ **Fall** ☐ **Winter** ☐ **Spring** **Year:** _____   ☐ **New** or ☐ **Continuing Student**

Part I – EMPLOYEE INFORMATION

Employee Name:	Email	Current Employee Status: ___Permanent Circle one: FT PT (If PT – time base _____) ___Temporary FT; Appt. end date _____ ___On Educational Leave or approved leave of Absence
Employee ID #:	**Job Classification:** _____ **Receiving Financial Aid: Y or N** (Circle One)	____Staff ___Faculty

Part 2 – COURSE INFORMATION

___ **Work Related:**	___ **Career Development:**

• Courses for purpose of improving level of skill needed to perform existing duties **OR**
 • Acquiring additional skills to perform newly assigned duties and responsibilities.
 As a Work Related Student you are subject to the following:
      o Academic evaluation process waived for acceptance by Admissions Office.
      o Unable to declare a major, nor can a degree be conferred
      o Required to remain in good academic standing
      o Waived fees are not subject to taxation.
 	
 ___ Undergraduate Level Coursework   ___ Graduate Coursework
 _____ Previous Institution Attended
	• Courses being taken for purpose of matriculating towards a degree or advancing academic degree
	 • Enhancing the employees career in the CSU system
	 • Waived fees are subject to taxation*
	
	 *Employees enrolled in a CSU masters' or doctoral program will be subject to IRS Code 127 limit of $5,250 annually. If the value of these courses exceeds the limit, the difference will be reported to the State Controller's Office. Once reported, this amount will appear as taxable income on a single month's pay warrant and the applicable taxes will be deducted. The value of these taxable fringe benefits will be reported in the November and April pay periods.
	
	 Degree Objective:
	 ___ Bachelor's ___ Master's ___Credential Certificate ___ Doctorate

How many courses do you intend to take? _____
How many units total? _____
Will you need to take one or more fee waiver courses during regularly scheduled work hours? _____
County of Residence _____

Part 3 – EMPLOYEE VERIFICATION AND SIGNATURE

My signature below is to certify that the information relevant to this request for Employee Fee Waiver is accurate and I acknowledge that I must submit a new form if I wish to request a change (e.g., a different class, adjusted work schedule, etc.). Also, as requested by CSU policy, I agree to provide information concerning my study program and grades received by hereby authorizing the Registrar's Office to release my transcript of the work completed to Human Resources. Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advancements.

Employee Signature:	**Date:**

Part 4 – Departmental Review and Approval

I grant my employees request to take one fee waiver course during regularly scheduled work hours? ____Yes ____No Days and times: _____ _____	If Yes – Will this require a change in the employees regular work schedule? ___Yes ___ No	Employee has an approved **Individual Development Plan** on file? (Contact HR for Form) ___Yes ___ No
Supervisor/or Appropriate Administrator Signature:	**Date:**	

Part 5 – OFFICE USE ONLY

Employee is: ____ Eligible for Fee Waiver ___Not eligible (Reason:_____)	**FSLA Status:** ____ Exempt ____ Non-Exempt
Position # 265 - - CBID: _____	**Number of Units:**
Fee Waiver Coordinator Signature: **Date**:	**Phone:**