



**EMPLOYEE TUITION/FEE WAIVER APPLICATION  
CALIFORNIA STATE UNIVERSITY SAN MARCOS**

**SECTION I – EMPLOYEE INFORMATION (to be completed by employee for each term of enrollment)**

Name:	Employee ID:	Job Title:
Department:	Email Address:	
Time Base: Full Time Part Time	Employee Category:	
Status: Permanent Probationary Temporary	(appointment expires: _____)	
Please Indicate Any Degrees Earned and Year: Bachelors Masters Credential Year Earned _____		
Campus _____		
Do you have an approved individual Career Development Plan on file? Yes No		CSU Campus Planning to Attend:
If no, please submit the Career Development Plan to Human Resources.		
Has the application been paid? Yes No		

**SECTION II – COURSE INFORMATION**

Term and Year	Course Title	Level (Undergraduate or Graduate)	Course Subject, Number and Section	Units	Times	Hours Per Week	WR (work related) or CD (career development)
(Example) Fall 2017	Art	Undergraduate	Art 108 Visual Tech	3	8-10am	4 Hrs	CD

For work-related courses, please state how the courses relate to your present assignment (attach sheets if necessary):

**SECTION III – DEPARTMENTAL REVIEW (to be completed by employee's administrator/MPP)**

1. Are you granting employee's request to take one fee waiver course during regularly scheduled work hours? Yes No  
(If yes, please list days and times: \_\_\_\_\_)

2. Will the course require a change in the employee's work schedule? Yes No (If yes, please attach work schedule)

\_\_\_\_\_

Administrator (MPP) Printed Name                      Administrator (MPP) Signature                      Date

**SECTION IV – EMPLOYEE VERIFICATION AND SIGNATURE**

My signature certifies that the information relevant on this request is accurate. I acknowledge that I must submit a new form if I wish to request a change (e.g., a different class, adjust work schedule, etc.) Per CSU policy, I agree to provide information concerning my study program and grades received. Therefore, I authorize the Registrar's Office to release my transcript to Human Resources. Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advancements. **NOTE: Some courses taken through fee waiver may be subject to taxation.**

\_\_\_\_\_

Signature of employee requesting fee waiver                      Date

**OFFICE USE ONLY**

**EMPLOYEE'S EMPLOYMENT STATUS (See appropriate Technical Letter for eligibility criteria)**

Employee Classification: Faculty Staff MPP Confidential

Status: Exempt Non-Exempt

Eligible for fee waiver benefits                      Not Eligible (Reason: \_\_\_\_\_)

Number of units eligible for fee waiver: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate (including Ed.D.) \_\_\_\_\_ Credential

Courses are: Career Development                      Work Related (Confirmed? \_\_\_Yes \_\_\_No)

\_\_\_\_\_

Michelle Buth                      760-750-4438

CSU San Marcos Fee Waiver Coordinator                      Phone Number                      Fee Waiver Coordinator Signature                      Date