University of California, Los Angeles

EMPLOYEE REDUCED FEE ENROLLMENT APPLICATION

Please complete the information requested below, obtain department signature and mail to Campus Human Resources, Suite 200, Wilshire Center, Mail Code 146548 or fax to (310) 794-0865. The application will be processed within three (3) business days of receipt using the BAR System. Questions regarding your application may be directed to the Personnel Specialists at (310) 794-3147.

STUDENT STATUS: ❑ Graduate (G) ❑ Undergraduate (UG)

ID# : _____ TERM: ❑ (F) Fall ❑ (W) Winter ❑ (S) Spring Year____

NAME:_____ CAMPUS PHONE:_____

MAILING ADDRESS: _____

DEPARTMENT: _____ HIRE DATE:_____

PAYROLL TITLE: _____ PROBATIONARY PERIOD END DATE: _____

I request to enroll in the courses listed below. They have been designated as:

❑ Position-Related ❑ Career-Related ❑ Educational Enrichment

	Course Name	Number	Units
1.			
2.			
3.			

Time in Attendance is:
❑ Approved as Time Worked (must be position or career related courses)
❑ Not Approved as Time Worked

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

❑ Time off to be made up by adjusted work schedule ❑ Time off to be charged to accrued vacation
❑ Without salary ❑ Other _____

EMPLOYEE CERTIFICATION

I UNDERSTAND THAT MY ENROLLMENT UNDER THE REDUCED FEE ENROLLMENT IS SUBJECT TO THE FOLLOWING:

1. I have been admitted as a regular session student to the University of California.
2. I am a career employee and have completed my probationary period.
3. IMPORTANT: I am enrolling in regular session course(s) totaling no more than nine (9) units or three (3) courses, whichever is greater, and I understand that if my total enrollment for this term exceeds the above, I will not be eligible for a reduction of any of the educational or registration fees for this term*.
4. I am not eligible for the services of the Student Health Center, Gymnasium, and Counseling Center.
5. I will be billed for the total fees waived under this program of if my use exceeds enrollment provisions 1 through 4.

*Pursuant to a delegation of authority from the Office of the President, selected nursing employees may be allowed up to twelve (12) units or four (4) courses.

_____
Employee Signature Date

DEPARTMENT APPROVALS:

_____
Department Head or Designee Date

REG FEE SUB-CODE: 57496 CAMPUS HUMAN RESOURCES USE ONLY ED FEE SUB CODE: 57495

_____ _____
Reviewed and authorized by: Date processed on BAR:

Rev 3/02