

University Personnel 408-924-2250

Instructions: Return completed form to University Personnel 0046 or Email fee-waiver@sjsu.edu

A) EMPLOYEE INFORMATION

Name:	Circle Job Rank: Asst. Prof.; Assoc. Prof.; Full Prof.; *FERP; 3-Year Temp.; Librarian; Counselor; Coach	SJSU ID#:
Department/School:	College:	Extended Zip:
Telephone #:		
CSU Employee Enrolled (Career Dev./Job Rel.):	Term/Year (Fall, Winter, Spring, Summer):	Attending Uni. Student ID#:

B) CAREER DEVELOPMENT (Self)

Career Development courses shall relate to FUTURE career opportunities and assignments within the CSU. If applying for career development for the first time, you must be accepted as a student through Enrollment Services and be matriculated in a degree program before registering in Fee Waiver courses. You must use the standard University application. (Please complete parts 1 and 3 on page 2 and submit to department chair/school director and college dean for completion of Part 4.) Describe briefly your program of study and how the courses taken will relate to future opportunities within the CSU:

C) JOB-RELATED (Self)

Job-Related courses shall relate to the CURRENT assignments or the training or retraining of a faculty member that will benefit the campus. (Please complete parts 1 and 3 on page 2 and submit to department chair/school director and college dean for approval.) If you enroll in job related courses for the first time, complete Part 2 on Page 2. Describe briefly how the courses taken will relate to the current duties assigned or how the training or retraining will benefit the campus:

D) DEPENDENT (Spouse, ? Domestic Partner, ?Dependent Child)

I want to transfer my Fee Waiver entitlement to my spouse, domestic partner or dependent child as provided in the Unit 3 Faculty Memorandum of Understanding. (Please complete Part 1 on page 2.) I understand my spouse, domestic partner or dependent child must apply to a CSU and be accepted as a student through Enrollment Services before registering in Fee Waiver courses. I also understand this transfer prohibits my personal use of Fee Waiver benefits during the time my spouse, domestic partner or dependent child uses the benefit and that my spouse, ? domestic partner or ? dependent child must meet all the conditions listed below to participate in the Fee Waiver program:

- be accepted by the University into a degree program;
- be enrolled in course(s) that count for credit toward completion of designated degree and;
- be enrolled in course(s) that are determined to have space available in the major (this determination will be made by Admissions or Graduate Studies offices)

DEPENDENT INFORMATION & SIGNATURE

Name of Waiver Recipient:	DOB:
CSU Student Enrolled:	Term/Year (Fall, Winter, Spring, Summer):
Attending Uni. Student ID#:	
Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Dependent Child	Status of Waiver Recipient: <input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student
Number of Units Dependent Plans to Take: <input type="checkbox"/> 1-6 <input type="checkbox"/> 6.1+	New Students Only: Payment Method for Application fee: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Other:

I certify that the individual noted above is my legal spouse, domestic partner or dependent child (as term is defined below) and that he/she meets the conditions listed above in Box D.

Employee Signature: _____ Date: _____

*FERP employees are eligible for fee waiver only during the semester(s) they are actively employed.

? Domestic Partner must be registered with the State.

? Dependent Child is defined as (1) your child or stepchild under age 23 who has never been married; (2) a child living with you in a parent-child relationship who is economically dependent upon you, under age 23 and has never been married; or (3) your child or stepchild age 23 or above who is incapable of self-support due to a disability which existed prior to age 23.

Part 1- Must enroll in courses which fulfill the requirements needed to complete a degree program. Please list all courses.

COURSE INFORMATION					
DEPARTMENT COURSE #	COURSE TITLE	SECTION #	UNITS	DAYS	HOURS
Declared Major: _____ <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Second Baccalaureate Type of Enrollment (check box to the right): <input type="checkbox"/> Regular Session <input type="checkbox"/> Special Session <input type="checkbox"/> Open University Note: Only Regular Session dues will be covered.					

Part 2- Please complete if you have circled Section "C" in front page and it is your first time using this benefit.

Class level at time of entry in CSU. Enter code in box: 0 First-time Freshman 1 Freshman transfer 2 Sophomore 3 Junior 4 Senior 5 Graduate/post baccalaureate	Citizenship status. Identity status and enter code in box: Y U.S. Citizen R Refugee 1 551 (green card) I Immigrant F F-1 visa Date issued: _____ J J-1 visa Date issued: _____ O Other visa Specify: _____ (must be prepared to verify)																																
Ethnic identity (Your response is voluntary). Enter a code in box: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 American Indian or Alaskan native; tribe: _____</td> <td style="width: 25%;">J Japanese</td> <td style="width: 25%;">G Guamanian</td> <td style="width: 25%;">S Other Southeast Asian</td> </tr> <tr> <td>2 Black, non-Hispanic, including African-American</td> <td>K Korean</td> <td>H Hawaiian</td> <td>8 Other</td> </tr> <tr> <td>3 Mexican-American, Mexican, Chicano</td> <td>L Laotian</td> <td>N Samoan</td> <td>9 No Response</td> </tr> <tr> <td>4 Other Latino, Spanish-Origin, Hispanic</td> <td>M Cambodian</td> <td>Q Cuban</td> <td>D Decline to state</td> </tr> <tr> <td>A Central American</td> <td>R Asian Indian</td> <td>7 White</td> <td></td> </tr> <tr> <td>B South American</td> <td>V Vietnamese</td> <td>F Filipino</td> <td></td> </tr> <tr> <td>C Chinese</td> <td>T Thai</td> <td>P Puerto Rican</td> <td></td> </tr> <tr> <td></td> <td>5 Other Asian</td> <td>6 Other Pacific Islander</td> <td></td> </tr> </table>		1 American Indian or Alaskan native; tribe: _____	J Japanese	G Guamanian	S Other Southeast Asian	2 Black, non-Hispanic, including African-American	K Korean	H Hawaiian	8 Other	3 Mexican-American, Mexican, Chicano	L Laotian	N Samoan	9 No Response	4 Other Latino, Spanish-Origin, Hispanic	M Cambodian	Q Cuban	D Decline to state	A Central American	R Asian Indian	7 White		B South American	V Vietnamese	F Filipino		C Chinese	T Thai	P Puerto Rican			5 Other Asian	6 Other Pacific Islander	
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Part 3- Please submit to department chair/school director and college dean if circled Section "B" or "C" on Page 1.
Chair: please include faculty member's name in space provided.

I approve _____ taking career development or job related course(s) and certify the course(s) will not conflict with his/her scheduled classes or with his/her office hours.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Department Chair/School Director Signature: _____	Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dean's Signature: _____	Date: _____

Part 4 – Please complete if you circled Section "B" or "C" in front page.

To the best of my knowledge the above information is correct. Further, I authorize the Admissions & Records Office to release information concerning my studies, grades, and transcripts to Human Resources. Unsatisfactory performance in a course(s) or not maintaining good academic standing (GPA of 2.0 or above for undergraduates, GPA of 3.0 or better for graduates) may be the cause for withholding further approval or participation in this program. I am taking this course(s) under the CSU Fee Waiver program on a voluntary basis and my participation is not mandated by my employer.	
Employee's Signature: _____	Date: _____

OFFICE OF FACULTY AFFAIRS USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for Denial: _____	
Job Status: <input type="checkbox"/> Tenured <input type="checkbox"/> Tenure-track <input type="checkbox"/> Temporary	
OFA Signature: _____	Emailed to Bursar: _____ Emailed to A/R: _____ Faxed to other CSU: _____